

**CHECKLIST OF ANTIDRUG AND ALCOHOL MISUSE PREVENTION  
PROGRAM INSPECTION ELEMENTS FOR EMPLOYER  
ADMINISTRATIVE AND QUALITY ASSURANCE ACTIVITIES  
(14 CFR PART 121, APPENDICES I AND J)  
(JULY 1996)**

**1.1 ANTIDRUG PLAN AND ALCOHOL MISUSE PREVENTION  
CERTIFICATION REVIEW**

**1.1.01.** Does the employer's **antidrug plan specify** the **methods** by which the employer will comply with the testing requirements of Appendix I? Does the employer's antidrug plan specify the **procedures** and **personnel** it will use? (14 CFR part 121, appendix I, IX., 6, B.)

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**1.1.02.** Has the **employer submitted an alcohol misuse prevention certification statement** to the FAA? (14 CFR part 121, appendix J, VII., B.)

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**1.1.03.** Has the **consortium submitted an alcohol misuse prevention certification statement** to the FAA? (14 CFR part 121, appendix J, VII., B.)

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**1.1.04.** If the employer began **operations after September 19, 1994**, has the employer ensured that **contract employees** who perform safety-sensitive functions **are subject** to an FAA-approved **antidrug program** within **60 days** of the implementation its program? (14 CFR part 121, appendix I, IX., A(2))

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**1.1.05.** If the employer began **operations after March 17, 1994**, has the employer ensured that **contractor employees** who perform safety-sensitive functions **are subject** to an FAA-mandated **alcohol misuse prevention program** within **180 days** of the implementation of the employer's program? (14 CFR part 121, appendix J, VII., A, 2,(c), 4)

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**1.1.06.** Prior to using a **contractor company's employee** to perform safety-sensitive functions, does the employer first ensure, with adequate documentation, that the employee is **covered** under an **FAA-approved antidrug and alcohol misuse prevention program**? (14 CFR part 121, appendix I, I., and appendix J, VII., A (2)(b))

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**1.1.07.** Does the employer ensure, with adequate documentation, that each employee who performs safety-sensitive duties for a **second employer** is either subject to the employer's **own FAA-mandated drug and alcohol program** or subject to the requirements of the **second employer's FAA-mandated antidrug and alcohol misuse prevention program**? (14 CFR part 121, appendix I, I., and appendix J, VII., A (2)(b))

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**1.1.08.** Does a **consortium notify** the FAA **within 10 working days** of changes in membership, including membership termination? (14 CFR part 121, appendix I, IX., A, 4 (b) and appendix J, VII., A, (3) (c))

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**1.1.09.** Did the **employer notify** all covered **employees, before** administering any alcohol tests, that alcohol testing is required by FAA regulations? (14 CFR part 121, appendix J, I., F)

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

## **1.2 COVERAGE**

**1.2.01.** Do all employees who **perform the functions** listed below participate in a FAA-mandated drug and alcohol testing program? (14 CFR part 121, appendix I, III., and appendix J, II.)

(a) Flight crewmember duties

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

(b) Flight attendant duties

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

(c) Flight instruction duties

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

- (d) Aircraft dispatcher duties  
 YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_
- (e) Aircraft maintenance or preventive maintenance duties  
 YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_
- (f) Ground security coordinator duties  
 YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_
- (g) Aviation screening duties  
 YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_
- (h) Air traffic control duties  
 YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## TYPES OF TESTING

### 1.3 PRE-EMPLOYMENT

**1.3.01.** Does the employer **advise** each individual **applying to perform** a covered function at the **time of application** that the individual will be required to **undergo pre-employment drug** testing to determine the presence of marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines or a metabolite of those drugs in the applicant's system? (14 CFR part 121, appendix I, V., A.3)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.3.02.** Does the employer conduct **pre-employment drug testing** which includes the following elements? (14 CFR part 121, appendix I, V., A.)

(a) Each individual must receive a **verified negative drug test result** in accordance with 14 CFR part 121, Appendix I, for an employer **prior to the first time** the employee performs a safety-sensitive function for that employer.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Any person hired by a certificate holder to perform safety-sensitive functions **after the issuance of the certificate** is given a pre-employment drug test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) If the **employer elects** to require pre-employment drug testing **after an employee** has been **removed** from the random testing pool, the employer ensures that it receives a **verified negative drug test result** prior to permitting that individual to perform a safety-sensitive function.

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

(d) A person who has **previously refused** or had a **verified positive drug test result** on a pre-employment test **takes another** pre-employment test with a verified negative result.

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

## 1.4 PERIODIC TESTING

**1.4.01.** Does the employer conduct **periodic testing** which includes the following elements: (14 CFR part 121, appendix I, V., B.)

(a) Each **employee** who performs a safety-sensitive function and who is required to **undergo a medical examination under part 67** submits to a drug test in conjunction with the first medical evaluation during the first calendar year of the implementation of the employer's antidrug program, or in accordance with a procedure for collecting periodic specimens during the same time period as specified in the employer's plan.

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

(b) Periodic testing is **continued** through the **first 12 months** of the implementation of the drug testing program until unannounced testing based on random employee selection is fully implemented.

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

(c) If the employer **elects to continue** periodic testing **after the first 12 months** of random testing, the employer ensures that all persons required to undergo periodic testing are tested.

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

## 1.5 RANDOM TESTING

**1.5.01.** Does the employer conduct **random** drug and alcohol testing which includes the following elements: (14 CFR part 121, appendix I, V., C. and appendix J, III., C.)

(a) The **selection** of employees is made by a scientifically valid method, such as a **random-number** table or a **computer-based random number generator** that is matched with employees' **social security numbers, payroll identification numbers**, or other comparable identifying numbers.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Each covered employee has an **equal chance of being tested** each time selections are made under the selection process used.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) A sufficient number of covered employees are selected for testing during each calendar year to equal an annual rate **not less than the minimum annual percentage** rate for random drug and alcohol testing determined by the FAA.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) Random drug and alcohol tests are **unannounced** and the dates for administering random tests **are spread reasonably** throughout the calendar year.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.5.02.** Does the employer require that each covered employee, who is **notified of selection** for random drug and/or alcohol testing, **proceeds to the testing site immediately** or, if the employee is actually performing a covered function at the time of the notification, require that the employee cease performing the covered function and proceed to the testing site as soon as possible? (14 CFR part 121, appendix J, III., C(8))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.5.03.** Does the employer only **random alcohol test** a covered employee **while** the employee is performing covered functions, **just before** the employee is to perform covered functions, or **just after** the employee has ceased performing covered functions? (14 CFR part 121, appendix J, III., C(9))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.5.04.** Does the employer have employees **assigned** to perform safety sensitive functions **wholly** or **partially outside the territory** of the U.S.? (14 CFR part 121, appendix I, XII., A(1) and appendix J, VIII.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

a) Is each covered employee who is assigned to perform safety-sensitive functions **solely outside** the territory of the U.S. **removed** from the random testing pool?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) Is each covered employee who resumes the performance of safety-sensitive functions **wholly or partially** within the territory of the U.S. **returned** to the random testing pool?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.5.05.** If the employer conducts **random drug and alcohol testing** through a **consortium**, does the employer ensure: (14 CFR part 121, appendix I, V., C.)

(a) That the number of employees to be tested will be **calculated for each individual employer**;

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

OR

(b) That the number of employees to be tested will be **based on the total number of covered employees** covered by the consortium who are subject to random drug and alcohol testing at the same minimum annual percentage rate under any DOT drug and alcohol testing rule.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.5.06.** Does the employer subject a given **covered employee**, who is subject to random drug and alcohol testing under the rules of **more than one DOT agency**, to random testing at the percentage rate established for the calendar year by the DOT agency **regulating** more than **50 percent** of the employee's function? (14 CFR part 121, appendix I, V., C. and appendix J, III., C.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.5.07.** If an employer is required to conduct random drug and alcohol testing under the drug testing rules of **more than one DOT agency**, does the employer: (14 CFR part 121, appendix I, V., C. and appendix J, III., C(11))

(a) **Establish separate pools** for random selection, with each pool containing the covered employees who are subject to testing at the same required rate;

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

OR

(b) **Establish one pool** from which the employer randomly selects covered employees for testing at the highest percentage rate established for the calendar year by any DOT agency to which the employer is subject.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.5.08.** Does the employer, who is required to conduct random testing under the antidrug and alcohol misuse prevention rules of **more than one DOT agency**, provide each such agency **access to its records** related to random testing as determined to be necessary by the agency to ensure the employer's compliance with the rule? (14 CFR part 121, appendix I, V., C.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

## **1.6 POST ACCIDENT TESTING**

**1.6.01.** Does the employer conduct **post-accident** drug and alcohol testing in case of an accident which includes the following elements: (14 CFR part 121, appendix I, V., D.)

["Accident" means an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death or serious injury, or in which the aircraft receives substantial damage. (14 CFR part 121, appendix I, II.)]

(a) Drug and alcohol testing are conducted when an **employee's performance** either contributed to an accident or cannot be completely discounted as contributing to an accident.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Drug testing is conducted as soon as possible, but **no later than 32 hours** after the accident.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) Alcohol testing is conducted as soon as practicable, but **no later than eight** hours after the accident.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) The employer's **decisions** not to test have been based upon a determination, made using the **best information available at the time of the determination**, that the employee's performance could not have contributed to the accident.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## 1.7 REASONABLE CAUSE AND REASONABLE SUSPICION TESTING

**1.7.01.** Under appropriate circumstances, does the employer conduct reasonable cause testing which includes the following elements: (14 CFR part 121, appendix I, V., E.)

(a) Each employee who performs a safety-sensitive function, and who is **reasonably suspected** of using a **prohibited drug**, is tested for the presence of drugs in accordance with the regulations.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) For all **part 121** employers and other employers with **more than 50** covered employees, at **least two supervisors**, one of whom is trained in detection of the symptoms of drug use, substantiate and concur in the decision to test an employee who is reasonably suspected of drug use.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_



(c) For employers with **50 or fewer** covered employees, **at least one supervisor**, trained in detection of the symptoms of drug use, decides to test employees who are reasonably suspected of drug use.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) **Decisions** to test are **reasonable** and **articulable**, and based on **specific contemporaneous physical, behavioral or performance indicators** of probable drug use.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.02.** Does the employer conduct **reasonable suspicion alcohol testing** when the employer has reasonable suspicion to believe that the employee has violated the alcohol misuse prohibitions? (14 CFR part 121, appendix J, III., D)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.03.** Does the employer **base** a reasonable suspicion **determination** on **specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors** of the employee? (14 CFR part 121, appendix J, III., D(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.04.** Does the employer ensure that the **observations** required for **reasonable suspicion** testing are made **during, just preceding, or just after** the period of the work day that the covered employee is performing a covered function? (14 CFR part 121, appendix J, III., D(3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.05.** Does the employer **direct** any covered employee to submit to a reasonable suspicion test, who is to undergo **reasonable suspicion testing**, only **while** the employee is performing covered functions;**just before** the employee is to perform covered functions, or **just after** the employee has ceased performing covered functions? (14 CFR part 121, appendix J, III., D (3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.06.** Does the employer ensure that the required **observations for reasonable suspicion testing** are **made by a supervisor** who is **trained** in detecting the symptoms of alcohol misuse? (14 CFR part 121, appendix J, III., D (2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.07.** Does the employer **prohibit** a **supervisor** who makes a **reasonable suspicion** determination from **conducting** the breath alcohol test on that employee? (14 CFR part 121, appendix J, III., D (2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.08.** Does the employer **prohibit** any covered employee who is required to perform covered functions **from reporting for or remaining on duty** while the employee is **under the influence of, or impaired by** alcohol, as shown by behavioral, speech or performance indicators of alcohol misuse?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.09.** Does the employer **prepare and maintain** on file a **record** stating the reasons a **reasonable suspicion** test was **not promptly administered** when an alcohol test was not given **within 2 hours**? (14 CFR part 121, appendix J, III., D (4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.7.10.** Does the employer **cease attempts** to administer a **reasonable suspicion** alcohol test and **state** in the record **reasons for not administering** the test when an alcohol test was not given **within 8 hours** after a reasonable suspicion determination was made? (14 CFR part 121, appendix J, III., D (4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **1.8 RETURN TO DUTY DRUG & ALCOHOL TESTING**

**1.8.01.** Before an employee returns to the performance of a safety-sensitive function after having received a **verified positive** drug test result or who has refused to submit to a FAA-mandated drug test, does the employee undergo a return to duty drug test with a **verified negative drug test result**? (14 CFR part 121, appendix I, V., F)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.8.02.** Does the employer ensure that before a covered employee returns to duty performing safety-sensitive functions after engaging in prohibited alcohol-related conduct, the employee undergoes a **return to duty** alcohol test with a result of less than 0.02? (14 CFR part 121, appendix J, III., E)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **1.9 FOLLOW-UP TESTING**

**1.9.01** Under appropriate circumstances, does the employer conduct **follow-up drug** testing which includes the following elements: (14 CFR part 121, appendix I, V., G)

(a) Follow-up testing is performed on an **unannounced basis**, at a number and **frequency established by the MRO** for a period of not more than 60 months after the date the individual begins to perform or returns to the performance of a safety-sensitive function. (14 CFR part 121, appendix I, V., G (4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) In the case of an individual evaluated under Appendix I and determined to be in need of assistance in resolving problems associated with illegal drug use, follow-up testing consists of **at least 6 tests in the first 12 months** following the employee's return to duty.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.9.02.** Does the employer subject an employee to unannounced **follow-up alcohol testing** following a **determination made by a substance abuse professional** that a covered employee is in need of assistance in resolving problems associated with alcohol misuse? (14 CFR part 121, appendix J, III., F)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.9.03.** Does the employer administer **follow-up testing** only **while** the employee is **performing** covered functions, **just before** the employee is to perform covered functions, or **just after** the employee has ceased performing covered functions? (14 CFR part 121, appendix J, III., F)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## 1.10 EMPLOYER PROHIBITIONS

**1.10.01.** Does the employer ensure that no person performs safety-sensitive functions if he/she **engaged in the illegal use of drugs** while performing such functions or had **two verified positive** drug tests after **September 19, 1994**? (14 CFR part 121, appendix I, VI., F)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.10.02.** Does the employer ensure that no person performs safety-sensitive functions if he/she **twice violated** any combination of the following: the pre-duty use prohibitions, post-accident use prohibitions, or the prohibition on the performance of a covered function with an alcohol concentration of 0.04 or greater; or, if he/she **once violated** the on-duty use prohibition **after becoming subject to such prohibitions under Appendix J**? (14 CFR part 121, appendix J, V., B)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.10.03.** Does the employer **prohibit** an employee, who has an alcohol concentration of **0.02 or greater but less than 0.04**, from performing or continuing to perform a covered function until: (14 CFR part 121, appendix J, III., G.)

(a) An alcohol test is given and the employee's alcohol concentration measures **less than 0.02** or;

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

OR

(b) The start of the employee's next regularly scheduled duty period, **but not less than 8 hours** following the administration of the test?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.10.04.** Does the employer **prohibit** or **remove** any covered employee, who has **engaged in prohibited conduct**, from performing a covered function? (14 CFR part 121, appendix J, V., A, 2)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.10.05.** Does the employer ensure that **no action** is taken under Appendix J against a covered employee based solely on the employee's behavior and appearance **in the absence of an alcohol test?** (14 CFR part 121, appendix J, III., D(4) (c))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.10.06.** Does the employer not test for **drugs other than those listed in 49 CFR part 40** unless it has received prior approval from the FAA, and DHHS has established an approved testing protocol and positive threshold for each such additional drug? (49 CFR part 40.21(b))(14 CFR part 121, appendix I, IV., and V., E.)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.10.07.** Does the employer ensure that no test is **falsely represented** as being required by the FAA? (14 CFR part 121, appendix J, I., F)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **1.11 REFUSALS**

**1.11.01.** Does the employer **prohibit** any covered employee, who **refuses to submit** to a required post-accident, random, reasonable cause, reasonable suspicion, or follow-up **drug or alcohol test, from performing or continuing to perform** covered functions? (14 CFR part 121.455 and part 121, appendix J, V., A)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.11.02.** Does the employer **notify the FAA within 5 working days** of any employee who holds a **part 61, 63, or 65 certificate** who has refused to submit to a required drug or alcohol test (except for return to duty or pre-employment testing?) (14 CFR part 121, appendix I, VI., E, and appendix J, V., D, (1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **1.12 NOTIFICATION TO THE FEDERAL AIR SURGEON**

**1.12.01.** In the case of an employee or applicant who holds an **airman medical certificate issued under 14 CFR part 67**, or who would be required to hold such a certificate in order to perform a safety-sensitive function for an employer, who receives a positive drug test result, does the employer's Medical Review Officer **notify the Federal Air Surgeon within 12 days of:** the names of such individuals with identifying

information, the determinations concerning dependence, SAP evaluation (if available), return to duty recommendations, and any supporting information? (14 CFR part 121, appendix I, VII., B)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.12.02.** Does the employer **notify the Federal Air Surgeon within 2 working days** of the employer's determination that a **14 CFR part 67 airman medical certificate** holder has engaged in alcohol use that violated the **alcohol misuse provisions**? (14 CFR part 121, appendix J, V., C(1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.12.03.** Does the employer forward a **SAP evaluation** of any airman certificate holder, **within 2 working days** of receipt, to the Federal Air Surgeon? (14 CFR part 121, appendix J, V., C, (2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.12.04.** Does the employer **prohibit** any **14 CFR part 67 airman medical certificate holder** from returning to duty in a covered function without the **Federal Air Surgeon's recommendation**? (14 CFR part 121, appendix J, V., C, (4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### **1.13 EMPLOYER RESPONSIBILITIES WITH REGARD TO MRO'S AND SAP'S**

**1.13.01.** Does the management official ensure to the maximum extent practicable, that the **employee's contact with the MRO is held in confidence**? If the management official is unable to contact the employee, after making all reasonable efforts, is the employee placed on temporary unqualified status or medical leave by the employer? (49 CFR part 40.33 (c) (3) and (4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.13.02.** Does the employer ensure that a SAP, including a MRO if he/she is qualified as a SAP, who determines that an employee has a problem associated with illegal use of drugs, **does not refer** the employee to the **SAP's private practice** or to a person or organization

from which the SAP receives remuneration or in which the SAP has a financial interest?  
(14 CFR part 121, appendix I, VII., D.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.13.03.** Does the employer's **substance abuse professional** meet the following **qualifications**: a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission), with knowledge of and clinical experience in the diagnosis and treatment of disorders related to drug use and abuse? (14 CFR part 121, appendix J., I., C)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.13.04.** Does the employer that obtains MRO services by contract, including a contract through a consortium, ensure that the contract includes a **record keeping provision**, including requirements for **transferring records to a new MRO**? (14 CFR part 121, appendix I, VII., C (6))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.13.05.** Does the employer ensure, if a new MRO is obtained, that the former MRO **forwards all records** to the new MRO **within 10 working days** of receiving notice from the employer of the new MRO's name & address? (14 CFR part 121, appendix I, VII., C, 5)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

## **1.14 EMPLOYER COLLECTION REQUIREMENTS**

**1.14.01.** Does the employer use the **split sample method of collection** for covered employees? Did the employer implement the statutory requirement for split samples in drug testing no later than August 15, 1994? (49 CFR part 40.25)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**1.14.02.** When a test of a split specimen is made, does the employer not delay actions required by DOT regulations as a result of the first positive test (e.g., removal from performing a safety-sensitive function) pending the result of the second test? (49 CFR part 40.25 (f) (10) (B))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### **1.15 EMPLOYER QUALITY ASSURANCE/BLIND TESTING OF LABORATORIES**

**1.15.01.** Does the employer submit **three blind performance** test specimens for each **100** employee specimens submitted up to a maximum of 100 blind performance test specimens submitted per quarter? (49 CFR part 40.31 (d) (2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.15.02.** For an employer with **2,000 or more covered employees**, are approximately **80** percent of the blind performance test **samples blank** (i.e., containing no drug or otherwise as approved by the FAA) and are the **remaining samples positive for** one or more drugs per sample in a distribution such that all the drugs to be tested are included in approximately equal frequencies of challenge? Are the positive samples spiked only with those drugs for which the employer is testing (but may include spiking with other [potentially interfering] compounds, as technically appropriate, in order to verify the specificity of a particular assay? (49 part 40.31 (d) (3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.15.03.** Do employers with **fewer than 2,000 covered employees** submit blind-performance test specimens as provided in 1.15.02 above or **submit only blank samples** or submit **two separately labeled portions** of a specimen from the same non-covered employee? (49 CFR part 40.31 (d) (4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.15.04.** If a consortium is used, does the **consortium submit blind samples** on behalf of its members and is the blind sampling rate applied to the total number of specimens submitted by the consortium? (49 CFR part 40.31(d) (5))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_



**1.15.05.** In the event of a determination of an **unsatisfactory performance testing** result based on an investigation by the FAA or DHHS, does the laboratory take immediate action which corrects the cause of the unsatisfactory performance testing result? Does the individual responsible for the day-to-day management and operation of the drug testing laboratory sign and date the FAA or DHHS record of the investigation findings and the corrective action(s) taken? (49 CFR part 40.31 (d) (6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.15.06.** If a **false positive error** occurs on a blind performance test specimen and the error is determined to be an administrative error (clerical, sample mix-up, etc.), does the employer promptly **notify the FAA**, and does the employer require the laboratory to take corrective action to minimize the occurrence of the particular error in the future? (If there is reason to believe the error could have been systemic, the FAA may also require review and reanalysis of previously run specimens.) (49 CFR part 40.31(d) (7))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.15.07.** If a **false positive error** occurs on a blind performance test specimen and the error is determined to be a technical or methodological error, does the employer instruct the laboratory to submit all quality control data from the batch of specimens which included the false positive specimen to the FAA? In addition, **does the lab retest all specimens analyzed positive** for that drug or metabolite from the time of final resolution of the error back to the time of the last satisfactory performance test cycle? (This retesting is documented by a statement signed by the individual responsible for day-to-day management of the laboratory's urine drug testing. The FAA may require an on-site review of the laboratory which may be conducted unannounced during any hours of operation of the laboratory. Based on the information provided by the FAA, DHHS has the option of revoking or suspending the laboratory's certification or recommending that no further action be taken if the case is one of less serious error in which corrective action has already been taken, thus reasonably assuring that the error will not occur again.) (49 CFR part 40.31 (d) (8))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **1.16 EMPLOYER/LABORATORY CONTRACT AND PERFORMANCE REQUIREMENTS**

**1.16.01.** Are the employer's contracted laboratories **certified by DHHS**? (14 CFR part 121, appendix I, I.)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.16.02.** Do the laboratories comply with all applicable provisions of any **State licensing** requirements? (49 CFR part 40.29 (k) (1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.16.03.** Do the laboratories, in compliance with their DHHS certification, have the **capability** at the same laboratory premises of performing the **initial and confirmatory tests** for each drug or metabolite for which service is offered? (49 CFR part 40.29 (k)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.16.04.** Do the **laboratories allow inspection**, planned or unannounced, of their facility by the Secretary, the FAA, any employer utilizing the laboratory and DHHS or any organization performing laboratory certification on behalf of DHHS at any time including pre-award inspections? (49 CFR part 40.29 (1)) and (14 CFR part 121, appendix I, VI., (b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.16.05.** Do the laboratories not enter into any **relationship with an employer's MRO** that may be construed as a potential conflict of interest or derive any financial benefit by having an employer use a specific MRO? (49 CFR part 40.29 (6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**1.16.06.** Do the laboratory contracts require the following:

(a) That the laboratory maintain employee **test records in confidence**, as provided in FAA and DOT regulations? (49 CFR part 40.35)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) That the laboratory **disclose information related to a positive drug test** of an individual to the individual, the employer, the FAA, or the decisionmaker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual and arising from a certified positive drug test? (49 CFR part 40.35)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) That the initial laboratory **logs in the split specimen** with the split specimen bottle seal intact and stores this sample securely? (49 CFR part 40.29)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) If the result of the test of the **primary specimen is positive**, that the initial laboratory retain the split specimen **infrozen storage for 60 days** from the date on which the laboratory acquires it. Following the end of the 60-day period, if not informed by the MRO that the employee has requested a test of the split specimen, the laboratory may discard the split specimen. (49 CFR part 40.29)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) If the result of the test of the primary specimen is **negative**, the initial laboratory may **discard the split specimen**. (49 CFR part 40.29)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) That the initial laboratory will **forward the split specimen** to another DHHS-certified laboratory for testing when **directed in writing by the MRO** to do so. (49 CFR part 40.29)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(g) That the **second laboratory** analyze the split specimen by GC/MS to **reconfirm the presence of the drug(s)** or drug metabolite(s) found in the primary specimen. Such GC/MS confirmation will be conducted without regard to the cutoff levels of Section 40.29(f). (49 CFR part 40.29)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(h) That the second laboratory **retain the split specimen in long-term storage for one year** (or longer if litigation concerning the test is pending). (49 CFR part 40.29)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**CHECKLIST OF ANTIDRUG PROGRAM INSPECTION  
ELEMENTS FOR SPECIMEN COLLECTION  
(AUGUST 1995)**

**2.1 PROCEDURES, INSTRUCTIONS AND TRAINING**

2.1.1 Do collection procedures and training clearly emphasize that the collection site person has the following responsibilities?

(a) Maintaining the integrity of the specimen collection and transfer process.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) Carefully ensuring the modesty and privacy of the donor.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(c) Avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate. (49 CFR part 40.23(d)(1))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.1.2 Do non-medical persons receive training and demonstrate proficiency to assuming collection site responsibilities? (Licensed medical professionals, technologists or technicians do not require special training if written instructions are provided and they perform collections in accordance with those instructions.) (49 CFR part 40.23(d)(2)(i))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.1.3 Are collection site persons provided detailed, clear instructions for specimen collection and are instructions on collection also provided to employer representatives and donors setting forth their responsibilities? (49 CFR part 40.23(d)(2)(ii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.1.4 Does a direct supervisor of an employee not serve as the specimen collection person for that employee, unless it is impracticable for any other individual to perform the function? (49 CFR part 40.23(d)(3))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.1.5 Do procedures exist to ensure that post-accident specimen collection can be performed in all cases no later than 32 hours following the accident? (49 CFR part 121, appendix I, V., D.)

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.1.6 In any case where a collection is monitored by non-medical personnel or directly observed, is the collection site person of the same gender as the donor? A collection is monitored for this purpose if the enclosure provides less than complete privacy for the donor (e.g., if a restroom stall is used and the collection site person remains in the restroom, or if the collection site person is expected to listen for use of unsecured sources of water). (49 CFR part 40.23(d)(4))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

## **2.2 CUSTODY AND CONTROL FORMS**

### **NEW STANDARD SEVEN-PART FORM (After 2/16/95)**

2.2.1 Does the employer utilize the standard seven-part, carbonless, standard drug testing custody and control form? (49 CFR part 40.23(a))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.2.2 Are copies 1, 2, and 3 sent with the specimens to the testing laboratory; are copies 4 through 7 sent to the MRO, donor, collector and employer representative, respectively? (49 CFR part 40.23(a))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.2.3 Does the following information appear on all parts of the form?

(a) A preprinted unique specimen identification number.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) The donor's employee identification or social security number.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(c) The employer's name, address and identification number.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(d) The MRO's name and address.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(e) The drugs for which testing is to be performed.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(f) The reason for testing (preemployment, random, etc.).

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(g) A block for the collector to indicate whether or not the temperature of the specimen was read within 4 minutes and whether the temperature was within the required range (32°-38°C/90°-100°F) and, if not then the actual temperature of the specimen.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(h) Chain of custody block, including space for each transfer, purpose of transfer, released by (signature/print name), received by (signature/print name), date and the preprinted words "Provide specimen for testing" and "DONOR".

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(i) Space for collector's name, date of collection, collection site location, and remarks concerning unusual collection circumstances.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(j) A signature block for the collector with date and the following certification statement:

*I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification Copy 3 of this form, that it bears the same identification number as that set forth above, and that it has been collected, labelled and sealed in accordance with applicable Federal requirements. (49 CFR part 40.23(a)(1))*

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

2.2.4 Does the following information appear on specific copies of the form, as appropriate?

(a) Space for laboratory analysis information on parts 1, 2, and 7, including accession number, laboratory name and address, remarks, test results, printed name and signature of the laboratory official, date and the following certification statement:

*I certify that the specimen identified by this accession number is the same specimen that bears the identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable Federal requirements, and that the results set forth below are for that specimen.*

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) Space for MRO information on parts 1, 2, and 7 (split specimen copy), including name, address, signature, date and the following certification statement:

*I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My final determination/verification is:*

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) Space for donor information on parts 3 through 5, including printed name, daytime phone number, date of birth, signature, date and the following statement:

*I certify that I provided my urine specimen to the collector; that the specimen bottle was sealed with a tamper-proof seal in my presence; and that the information provided on this form and on the label affixed to the specimen bottle is correct.*

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(d) A statement to the donor, as follows, on parts 3 and 4 of the form:

*Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (copy 4 - Donor) of this form. DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE YOUR COPY WITH YOU.*

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(e) The form may include additional information (for billing, etc.) but *does not* include personal identifying information other than the employee identification or social security number. (49 CFR part 40.23(a)(1) through (6))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

## **2.3 SPECIMEN BOTTLES, SEALING SYSTEMS AND SHIPPING CONTAINERS**

2.3.1 Are collection containers (if used) and specimen bottles single-use with a sealed wrapper which is removed by the donor or collector in the presence of the donor? (49 CFR part 40.23(b)(1))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_



2.3.2 Do the specimen bottles have a tamper-evident sealing system to preclude undetected opening, a means to affix a unique identifying number identical to that appearing on the custody and control form, and provision for initialing by the donor to affirm the identify of the specimen? (49 CFR part 40.23(b)(2))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.3.3 Do shipping containers used for specimens (including split specimens) and chain of custody paperwork provide for sealing and initialing to preclude undetected tampering? (49 CFR part 40.23(c))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

## **2.4 SPECIMEN COLLECTION SITES, EQUIPMENT, AND SECURITY**

2.4.1 Does the employer drug testing program have one or more designated collection sites which have all the necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, temporary storage and shipping of urine specimens to a testing laboratory? (Contracts for collection site services shall provide for unannounced inspections by the employer or the FAA.) (49 CFR part 40.25(a)(1), 49 CFR part 40.29(1))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.4.2 Does a collection site have the following features?

(a) A privacy enclosure for urination.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) A toilet for completion of urination unless a single-use collection container is of sufficient size to contain the entire void.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(c) A suitable clean surface for writing.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(d) A source of water for hand washing, which, if practicable, should be external to the privacy enclosure.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(e) Blueing agents in toilet tanks to preclude diluting of the specimen. (49 CFR part 40.25(a)(2) and (f)(1))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.4.3 Is the collection site secured as follows?

(a) A dedicated facility shall be secured at all times.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) That portion of a non-dedicated facility (public restroom or hospital examining room) used for testing may be secured during drug testing by visually inspecting the privacy enclosure, assuring that undetected access (e.g., through a rear door) is prevented, and posting the facility against unauthorized access. (49 CFR part 40.25(b)(1) and (2))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.4.4 Is the security of the collection materials within the collection site maintained at all times? (49 CFR part 40.25(b)(2))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

## **2.5 SPECIMEN COLLECTION PROCEDURES**

2.5.1 Upon arrival of a donor at the collection site, does the collector positively identify the individual (by photo-identification or identification by the employer's representative) and not proceed with collection unless the person is positively identified? If the donor

requests, does the collector show appropriate identification? (49 CFR part 40.25(f)(2) and (3))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.2 If the donor does not arrive at the assigned time, does the collector contact the appropriate authority to obtain guidance on the action to be taken? (49 CFR part 40.25(f)(2) and (3))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.3 Does the collector ask the individual to remove any unnecessary outer garments that could conceal items for use in adulterating a specimen and ensure that personal items such as purses and briefcases remain with outer garments? If requested, does the collector furnish a receipt for these articles and is the donor allowed to keep his/her wallet? (49 CFR part 40.25(f)(4))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.4 In order to avoid confusion and maintain specimen integrity, does the collector have only one donor under his/her supervision at one time until the collection process is completed (i.e., specimen has been collected, the urine bottle has been sealed and initialed, the custody and control form has been completed and the donor has departed), or in the case of an employee unable to provide a complete sample, until the employee has entered a waiting area? (49 CFR part 40.25(d))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.5 After identification, is the donor instructed to wash and dry his/her hands and required to remain in the presence of the collector (with no access to water, soap or other adulterating agents) until entering the privacy enclosure to provide the specimen? (49 CFR part 40.25(f)(5) and (6))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.6 Is the donor provided with a single-use collection container or a specimen bottle capable of holding at least 60 milliliters of urine and does the donor then enter the privacy enclosure or stall to provide the specimen? To the maximum extent possible, do collection site personnel keep the individual's specimen bottle within sight before and after the individual has urinated? (49 CFR part 40.25(f)(7) (49 CFR part 40.25 (d))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.7 Are only authorized personnel permitted in any area of the designated collection site where urine specimens are collected or stored? (49 CFR part 40.25(d))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.8 In exceptional cases where blueing agent is not available for the collection site toilet, does the collection site person instruct the individual not to flush the toilet until the specimen is delivered to the collection site person? (49 CFR part 40.25(f)(9))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.9 Upon receipt of the specimen, does the collector take the following initial actions?

(a) Determines that the specimen quantity is at least 45 milliliters. (49 CFR part 40.25 (f)(10)(i))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) Using a device that accurately measures the temperature and does not contaminate the specimen, determines within 4 minutes that the temperature is within the range of **32°-38°C/90°-100°F**. If so requested by the donor, does the collector take the donor's oral temperature to provide evidence as to why the specimen may have been outside the allowable range? (49 CFR part 40.25 (f)(12) and (13))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(c) Inspects the specimen to determine its color and for any signs of contaminants, noting any unusual findings on the custody and control form. (49 CFR part 40.25 (f)(14))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.10 Whenever there is reason to believe that a specimen has been altered or substituted, is such a specimen forwarded to the laboratory for testing and a second specimen obtained as soon as possible under the direct observation of a same-gender collection site person? (49 CFR part 40.25 (f)(15) and (16))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.11 Is an observed specimen collection conducted under the following circumstances:

(a) The employee has presented a urine specimen that falls outside the normal temperature range (**32°-38°C/90°-100°F**) and declines to provide a measure of oral body temperature or the oral body temperature varies by more than 1°C/1.8°F from the specimen temperature. (49 CFR part 40.25 (e)(2)(i)(A) and (B))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) The collection site person observes conduct clearly and unequivocally indicating an attempt to substitute or adulterate the sample (e.g., substitute urine in plain view, blue dye in specimen presented, etc). (49 CFR part 40.25 (e)(2)(iii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.12 Is any decision by a collection site person to obtain a specimen under the direct observation of a same gender collection site person reviewed and concurred upon by a higher-level supervisor of the collection site person or a designated employer representative? (49 CFR part 40.25 (e)(3))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.13 Do procedures for collecting urine specimens allow the donor privacy unless there is a particular reason to believe that the individual may alter or substitute his/her specimen, and are the following used as the only grounds constituting a reason to believe the individual may alter or substitute the specimen and an observed collection must be taken?

(a) The employee has presented a specimen that falls outside the normal temperature range (**32°-38°C/90°-100°F**) and either declines to provide measurement of oral body temperature or provides an oral body temperature that varies by more by 1° C/1.8°F from the temperature of the specimen. (49 CFR part 40.25 (e)(2)(i)(A) and (B))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) The collection site person observes conduct clearly and unequivocally indicating an attempt to adulterate or substitute the sample. (49 CFR part 40.25 (D)(2)(iii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.14 Are the following the only circumstances in which the employer may direct an observed collection?

(a) The last urine specimen provided by the donor was determined by the laboratory to have a specific gravity of less than 1.003 and a creatinine concentration below 0.2 g/l. (49 CFR part 40.25(e)(2)(ii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) The donor has previously been determined to have used a controlled substance without medical authorization and the particular test was being conducted under a DOT agency regulation providing for return-to-duty testing. (49 CFR part 40.25 (e)(2)(iv))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.15 Are any unusual circumstances observed during the collection noted on the chain of custody and control form under the following circumstances?

(a) The temperature is outside the range of **32°-38°C/90.°-100°F**. (49 CFR part 40.25 (f)(13))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) There is visual indication of contamination. (49 CFR part 40.25 (f)(13))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(c) There is unusual behavior or appearance on the part of the donor. (49 CFR part 40.25 (f)(8))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(d) The employee refuses to cooperate with the collection process and the employer's representative is contacted. (49 CFR part 40.25 (i))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

2.5.16 If the donor is unable to provide a specimen of at least 45 milliliters, does the collector direct the person to drink not more than 24 ounces of fluid and, after a period of up to 2 hours again attempt to provide a complete sample in a fresh specimen container. (49 CFR part 40.25 (f)(10)(i))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

2.5.17 Is the original insufficient specimen discarded? (49 CFR part 40.25 (f)(10)(i))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

2.5.18 If the employee is still unable to provide an adequate specimen, is the insufficient specimen discarded, testing discontinued, and the employer so notified?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

2.5.19 Using the split specimen method of collection, are the following methods used?

(a) After specimen collection and temperature reading, if a collection container is used, the collector pours the specimen into two specimen bottles in the presence of the donor.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) The first bottle contains 30 milliliters and is used as the primary specimen.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) At least 15 milliliters of the remaining specimen is poured into the second container, to be used as the split specimen.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(d) After specimen collection and temperature reading, if a single specimen bottle is used as a collection container, the collector, in the presence of the donor, pours 15 milliliters of urine into a second specimen bottle, to be used as the split specimen. (49 CFR part 40.25(f)(10)(ii)(b))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(e) At least 30 milliliters of the remaining specimen is retained in the collection bottle to be used as the primary specimen. (49 CFR part 40.25(f)(10)(ii)(b))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

2.5.20 Are the collector and donor both present and is the specimen in view of both the collector and donor during sealing, identification and labeling of the specimen container, and is the custody and control form completed as indicated below? (49 CFR part 40.25(f)(18))

(a) The collector securely places on the bottles an identification label which contains the date, the number and any other identifying information provided or required by the employer. If separate from the label, the tamper-proof seal is also applied. (49 CFR part 40.25 (f)(19))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_



(b) The donor initials the identification label on the specimen bottle for the purpose of certifying that it is the specimen collected from him/her. (49 CFR part 40.25 (f)(20))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

(c) The collector enters on the custody and control form all information identifying the specimen and signs the form certifying that collection was accomplished in accordance with Federal regulations. (49 CFR part 40.25 (f)(21))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

(d) The donor is asked to read and sign a statement on the custody and control form certifying that the specimen identified as having been collected from him/her is in fact the specimen he/she provided. (49 CFR part 40.25 (f)(22)(i))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

(e) When required by the collection site (other than an employer site) or by the laboratory, the employee may be required to sign a consent or release form authorizing the collection of the specimen, analysis of the specimen for designated controlled substances, and release of the results to the employer. (The employee is not required to waive liability with respect to negligence on the part of any person participating in the collection, handling or analysis of the specimen or to indemnify any person for the negligence of others.) (49 CFR part 40.25 (f)(22)(ii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

(f) Only the collection site person handles specimens prior to their securement in the mailing container, or monitors or observes specimen collection. (49 CFR part 40.25 (d))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

(g) Are both bottles shipped in a single shipping container, together with copies 1, 2, and the split specimen copy?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.21 Is the following information completed entirely and legibly by the collector on all parts of the form for each specimen collected?

(a) The donor's employee identification or social security number. (49 CFR part 40.23 (a)(1)(ii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(b) The employer's name, address and identification number unless it is preprinted. (49 CFR part 40.23 (a)(1)(iii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(c) The MRO's name and address. (49 CFR part 40.23 (a)(1)(iv))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(d) The drugs for which testing is to be performed, unless the list is preprinted. (49 CFR part 40.23 (a)(1)(v))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(e) The reason for testing (pre-employment, random, etc.).

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(f) The time elapsed between when the donor finished voiding the specimen and when the temperature reading was taken (must be less than 4 minutes) and whether the temperature was within the required range (**32°-38°C/90°-100°F**). (49 CFR part 40.23 (a)(1)(vii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(g) The actual temperature of the specimen, if not within the required range. (49 CFR part 40.23 (a)(1)(vii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(h) The chain of custody block for any transfer of the specimen at the collection site. (49 CFR part 40.23 (a)(1)(viii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(i) The collector's name, date of collection, collection site location, remarks concerning unusual collection circumstances and whether a split sample was taken.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

(j) The collector's signature with date following the certification statement. (49 CFR part 40.23 (a)(1)(ix))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.22 Does the collector complete the chain of custody portion of the custody and control form to indicate receipt of the specimen from the donor and certify proper completion of the collection? If the specimen is not immediately prepared for shipment, is it appropriately safeguarded during temporary storage? (49 CFR part 40.25 (f)(23) and (24))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**\_\_\_\_\_

2.5.23 Are specimens placed in shipping containers designed to minimize the possibility of damage during shipment (e.g., specimen boxes and/or padded mailers); and are those containers securely sealed to eliminate the possibility of undetected tampering? (49 CFR part 40.25(h))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

2.5.24 On the tape sealing the container, does the collector sign and enter the date specimens were sealed in the shipping containers for shipment, and does the collector ensure that the chain of custody documentation is attached or enclosed in each sealed shipping container sent to the laboratory? (49 CFR part 40.25 (h))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

2.5.25 If it is impractical to maintain continuous physical security of a collection site from the time the specimen is presented until the sealed mailer is transferred for shipment, are the following minimum procedures used?

(a) The specimen and custody documents remain under the direct control of the collection site person from delivery to their being sealed in the mailer. (49 CFR part 40.25 (b)(3) and (49 CFR part 40.25 (f)(25)(ii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

(b) The mailer is immediately mailed, maintained in secure storage, or remains, until mailed, under the personal control of the collection site person. (49 CFR part 40.25 (b)(3))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

2.5.26 If it becomes necessary for the collection site person to leave the collection site in the interval between presentation of the specimen and securing of a sample, is the collection nullified and, at the election of the employer, a new collection conducted? (49 CFR part 40.25 (f)(25)(ii))

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_

**CHECKLIST OF ALCOHOL MISUSE PREVENTION PROGRAM INSPECTION  
ELEMENTS FOR BREATH ALCOHOL TESTING PROCEDURES  
(JULY 1996)**

**3.1. BREATH ALCOHOL TECHNICIAN**

**3.1.01.** Is the **breath alcohol technician (BAT)** trained to proficiency in the **operation** of the evidential breath testing device (**EBT**) and non-evidential screening device he/she will use and in alcohol testing procedures? (49 CFR 40.51(a))

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

(a) Does the BAT have **documentation that demonstrates competence** in the operation of the specific EBTs and non-evidential screening devices he/she will use? (49 CFR 40.51(a)(3))

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

**3.1.02.** Has the **BAT** completed a **course of instruction** for operation of EBTs that is **approved by the National Highway Traffic Safety Administration (NHTSA)** which provided training in the principles of EBT methodology, operation, and calibration checks; fundamentals of breath analysis for alcohol content; procedures required for obtaining a breath sample; and interpreting and recording EBT results? (49 CFR 40.51(a)(1)(2))

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

**3.1.03.** Is any **BAT** who will perform an external calibration check of an EBT **trained to proficiency in conducting the check** on the particular model of EBT, to include practical experience and demonstrated competence in preparing the breath alcohol simulator or alcohol standard, and in maintenance and calibration of the EBT? (49 CFR 40.51(a)(4))

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

**3.1.04.** Does the **BAT** receive **additional training**, as needed, to ensure proficiency **concerning new or additional devices** or changes in technology that he or she will use? (49 CFR 40.51(a)(5))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.1.05.** Is **documentation** of the training and proficiency test of each BAT the employer uses to test employees, **established** and **maintained**? (49 CFR 40.51(a)(6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.1.06.** Does a **BAT-qualified supervisor** of an employee **conduct a alcohol test** for that employee **only** if another BAT is unavailable to perform the test in a timely manner, except in the case of reasonable suspicion? (49 CFR 40.51(b) and 14 CFR part 121, appendix J, III, D(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does a **supervisor who makes the determination** that **reasonable suspicion exists not conduct** the breath alcohol **test on that employee**? (14 CFR part 121, appendix J, III, D(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.1.07.** Is any **law enforcement officer** who conducts a alcohol test for the employer **certified by a state or local government** to use the EBT or non-evidential alcohol screening device that is used for the test? (49 CFR 40.51(c))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **3.2 EVIDENTIAL BREATH TESTING DEVICE**

**3.2.01.** Are **only evidential breath testing devices (EBT)** or **non-evidential screening devices** on the NHTSA CPL and identified as precise and accurate alcohol .02/.04**used** for screening tests? (49 CFR 40.53(a))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.2.02.** Do **EBTs** used for confirmation tests **meet** the **following requirements** and are they capable of the following operations: (49 CFR 40.53(b))

(a) **Providing**, independently or by direct link to a separate printer, a **printed result** in triplicate (or three consecutive identical copies) of each breath test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **Assigning** a unique and **sequential number** to each completed test, with the number capable of being read by the BAT and the employee before each test and being printed out on each copy of the result.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **Printing out**, on each copy of the result, the manufacturer's name for the device, the device's serial number, and the time of the test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) **Distinguishing** alcohol from acetone at the 0.02 alcohol concentration level.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) **Testing an air blank** prior to each collection of breath

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) **Capable of performing** an external **calibration check**. (49 CFR 40.53(b)(1-5)(i)(ii))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.2.03.** Does the **EBT** used in either screening or confirmation alcohol testing **have** a **quality assurance plan (QAP)** developed by the manufacturer and approved by NHTSA? (49 CFR 40.55(a))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.2.04.** Does the QAP: (49 CFR 40.55)

(a) **Specify intervals for different frequencies** of use, environmental conditions, and contexts of operation?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) **Specify tolerances** on an external calibration check within which the EBT is regarded to be in proper calibration?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) **Specify** inspection, maintenance, and calibration **requirements** and **intervals** for the device? (49 CFR 40.55(a)(1-4))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.2.05.** Does the employer ensure compliance with the following QAP requirements: (49 CFR 40.55(a))

(a) Performance of external calibration checks of the device using methods designated in the QAP, using only calibration devices on the NHTSA Conforming Products List of Calibrating Units for Breath Alcohol Tests?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) Performance of external calibration checks of the device at least as often as minimum intervals in QAP?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.2.06.** Is the **QAP valid** as evidenced by NHTSA approval? (49 CFR 40.55(a)(5))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.2.07.** Is an **EBT taken out of service** if any external calibration check results in a reading outside the tolerances for the EBT set forth in the QAP? (49 CFR 40.55(b))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_



**3.2.08.** Is the **EBT not used again until** it has been serviced and has had an external calibration check resulting in a reading within the tolerances for the EBT? (49 CFR 40.55(b)(2))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.2.09.** Are the **inspection, maintenance, and calibration** of each EBT performed by the manufacturer or a maintenance representative **certified** by the device's manufacturer or a state health agency or other appropriate state agency? (49 CFR 40.55(b)(3))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.2.10.** Is the **EBT stored** in a **secure space** when the EBT is not being used at an alcohol testing site? (49 CFR 40.55(b)(4)(c))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

### **3.3 LOCATIONS FOR BREATH ALCOHOL TESTING**

**3.3.01.** Is **alcohol testing conducted** in a **location** that affords visual and aural privacy to the individual being tested, sufficient to prevent unauthorized persons from seeing or hearing test results? (49 CFR 40.57(a))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.3.02.** Are all necessary **equipment, personnel, and materials** for breath testing **provided** at the **location** where testing is conducted? (49 CFR 40.57(a))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.3.03.** Does the **employer ensure** that **no unauthorized persons** are **permitted access** to the **testing location** when the **EBT** remains unsecured or, in order to prevent such persons from seeing or hearing a testing result, at any time when testing is being conducted? (49 CFR 40.57(c))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.3.04.** Does the **employer ensure in unusual circumstances** (when it is essential to conduct a test outdoors at the scene of an accident), visual and aural **privacy is provided** to the greatest extent practicable? (49 CFR 40.57(d))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.3.05.** Does the **BAT supervise only one employee's use** of the EBT at a time? (49 CFR 40.57(e))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.3.06.** Does the **BAT stay** at the alcohol testing **location** while the testing procedures for a given employee are in progress? (49 CFR 40.57(e))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### **3.4 BREATH ALCOHOL TESTING FORM**

**3.4.01.** Does the **employer utilize** the breath alcohol testing **form** which provides triplicate (or three consecutive identical) copies and is 8-1/2 by 11 inches in size (may be different size if form is generated by EBT)? (49 CFR 40.59(a)(b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.4.02.** Does the **employer ensure** that the breath alcohol testing **form** is **not modified or revised**, except that a form that is directly generated by an EBT may omit the space for affixing a separate printed result to the form? (49 CFR 40.59(a))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.4.03.** Does the employer ensure that **copy 1** (white) of the breath alcohol testing form is **transmitted** to the **employer**; **copy 2** (green) is **given to** the **employee**; and **copy 3** (blue) is **maintained** by the **BAT**? (49 CFR 40.59(b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### **3.5 PREPARATION FOR TESTING AND SCREENING TESTS PROCEDURES**

**3.5.01.** Does the BAT require the employee who enters the alcohol testing location to provide positive identification (photo ID card or identification by employer representative)? (49 CFR 40.61)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does the BAT provide positive identification to the employee upon request of the employee?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Does the BAT explain the testing procedure to the employee?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.02.** Does the **BAT** complete **Step 1** on the Breath Alcohol Testing Form? (49 CFR 40.63(a))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.03.** Does the **employee** complete **Step 2** on the form, signing the certification? (49 CFR 40.63.(a))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) If the employee refuses to sign the certification, does the BAT consider this a refusal to take the test? (49 CFR 40.63(a))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.04.** Is an individually-sealed **mouthpiece** **opened** in **view** of the **employee** and BAT and **attached** to the **EBT** in accordance with the manufacturer's instructions? (49 CFR 40.63(b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.05.** Does the **BAT** **instruct** the employee to **blow** forcefully into the **mouthpiece** for at least **6 seconds** or until the EBT indicates that an adequate amount of breath has been obtained? (49 CFR 40.63(c))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.06.** If the **EBT** does not meet the confirmation test requirements (40.53(b)(1) through (3)), does the **BAT** ensure that he or she and the employee read the **sequential test number displayed** by the **EBT** before the screening test is administered for each employee? (49 CFR 40.63(d)(1))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.5.07.** Do the **BAT** and the employee take the following steps if the **EBT** does not meet the confirmation test requirements (49 CFR 40.63):

(a) **Show** the employee the **result** displayed on the EBT.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) The **BAT** records the displayed **result**, test number, testing device, serial number of the testing device, time of test in **Step 3** of the form.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.5.08.** Does the **BAT** show the employee the **result** displayed on the EBT if the EBT provides a printed result? (49 CFR 40.63(d)(3))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(a) If the result is not printed directly on the form, does the **BAT** affix test result **printout** to the breath alcohol test **form** in the designated space, using a method that will provide clear evidence of removal? (49 CFR 40.63(d)(3))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.5.09.** Does the **BAT** date the form and sign the **certification in Step 3** of the form in any case in which the result of the screening test is a breath alcohol concentration of less than 0.02? (49 CFR 40.63(e))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.5.10.** Does the employee sign the **certification** and fill in the date in **Step 4** of the form? (49 CFR 40.63(e))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(a) If the **employee does not sign the certification** in Step 4 of the form for a test, does the **BAT note** the employee's failure to sign in the **Remarks"** section of the form? (49 CFR 40.63(e)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.11.** Does the **BAT note the disparity** in **remarks** section if a test result or a sequential test number printed by the EBT does not match the displayed result? (49 CFR 40.63(e)(3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Do both **BAT** and **employee initial** or **sign** the **notation**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Does **BAT advise** employee and employer that **test is invalid**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.12.** Does the **BAT give** a **confirmation test** if the result of the screening test is an alcohol concentration of **0.02 or greater?** (49 CFR 40.63(f))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.13.** Does the **BAT** who conducts the screening test **complete** and **sign** the **form** and **provide** the employee with **copy 2** of the form **if** the **confirmation test** will be **conducted** by a **different BAT?** (49 CFR 40.63(g))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.5.14.** If the confirmation test will be conducted at a different site from the screening test, does the employer ensure that: (49 CFR 40.63(h))

(a) The employee is advised not to eat, drink, put any object or substance in his/her mouth, or belch during a waiting period before the confirmation test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) The employee is advised that he/she must not drive, perform safety-sensitive duties, or operate heavy equipment.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) The employee is under observation of a BAT, STT, or other employer personnel while in transit from the screening test site to the confirmation test site.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### 3.6 CONFIRMATION TEST PROCEDURES

**3.6.01.** Does the **BAT** follow these procedures: (49 CFR 40.65)

(a) **BAT instructs** the **employee** not to eat, drink, put any object or substance in his/her mouth, and not belch during a waiting period before the confirmation test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) The **waiting period** begins with the completion of the screening test and is at least 15 minutes.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) The **confirmation test is conducted** within 30 minutes of the completion of the screening test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) **BAT explains** to the employee the **reason** (to prevent any accumulation of mouth alcohol leading to an artificially high reading) for the **requirement** and the fact that it is for the employee's benefit.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) **BAT explains** to the employee that the **test** will be conducted at the end of the waiting period, even if the employee has disregarded the instruction.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) **BAT** notes in the "**Remarks**" section of the form if the BAT becomes aware that the **employee has not complied** with this instruction.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(g) If the BAT conducts the confirmation test more than 30 minutes after the result of the screening test has been conducted, does the BAT note in the "remarks" section of the form the time that elapsed between the screening and confirmation tests and the reason why the confirmation test could not be given within 30 minutes of the screening test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(h) If a **BAT** other than the one who conducted the screening test is **conducting the confirmation test**, does the new BAT **initiate a new** Breath Alcohol Testing **Form** and complete Step 1 on the form?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(1) Does the **employee** then **complete Step 2** on the form, signing the certification.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(2) Does the **BAT** note in the "**Remarks**" section of the form that a **different BAT** conducted the screening test?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.6.02.** Is a **new mouthpiece** used for the **confirmation** test? (49 CFR 40.65(c)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.6.03.** Does the **BAT** ensure that the **EBT registers 0.00 on an air blank** before the confirmation test is administered for each employee? (49 CFR 40.65(d))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does the **BAT conduct** one more **air blank** if the **EBT reading** is **greater than 0.00**? (49 CFR 40.65(d))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) If the reading is **greater than 0.00**, does the **BAT not proceed** using that **instrument**? (49 CFR 40.65(d))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.6.04.** Does the employer ensure that any **EBT taken out of service** because of failure to perform an air blank accurately **not be used for testing until** a **check** of external calibration is **conducted** and the EBT is found to be within tolerance limits? (49 CFR 40.65(d))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.6.05.** Does the **BAT**, before the confirmation test is administered to each employee, ensure that **he/she and the employee read** the **displayed sequential test number**? (49 CFR 40.65(e))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.6.06.** In the event that the **screening and confirmation test results** are **not identical**, is the **confirmation test result** the **final result** upon which any action taken is based? (49 CFR 40.65(f))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.6.07.** Does the **BAT show** the employee the **result displayed on** the **EBT**? (49 CFR 40.65(g))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) If the EBT does not print the results directly on the form, does the **BAT** then **affix** the test **result printout to** the breath alcohol testing **form** in the designated space,



using a method that provides clear evidence of removal (e.g., tamper-evident tape)? (49 CFR 40.65(g))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.6.08.** Does the **BAT** date the **form** and sign the **certification** in Step 3 of the form? (49 CFR 40.65(h)(1))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) Does the **employee** sign the **certification** and **fill in** the **date** in **Step 4** of the form? (49 CFR 40.65(h)(1))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) **If the employee does not sign** the certification in Step 4 of the form, the **BAT** **notes** the employee's **failure** to sign in the "**Remarks**" section of the form. (49 CFR 40.65(h)(2))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.6.09.** If a **test result** printed by the EBT **does not match** the displayed result **or** if a **sequential test number** printed by the EBT **does not match** the sequential test number displayed by the EBT prior to the confirmation test, does the **BAT** **note** the **disparity** in the remarks section? (49 CFR 40.65(h)(3))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(a) Do both the **employee** and the **BAT** **initial** and **sign** the **notation**? (49 CFR 40.65(h)(3))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) Is the **test** **considered invalid** and the employee and employer so advised? (49 CFR 40.65(h)(3))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.6.10.** Does the **BAT** **transmit** all **results** to the **employer** in a confidential manner? (49 CFR 40.65(i))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.6.11.** Does the **employer designate** one or more employer **representatives** for the purpose of receiving and handling alcohol testing results in a confidential manner? (49 CFR 40.65(i)(1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Are all **communications by BATs** to the employer concerning the alcohol testing results of employees made **to** a designated employer **representative**? (49 CFR 40.65(i)(1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Does the **BAT ensure immediate transmission** to the employer **of results** that require the employer **to prevent** the employee from **performing a safety-sensitive function**? (49 CFR 40.65(i)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) If the **initial transmission is not in writing**, does the **employer establish a mechanism** to verify the identity of the BAT providing the information? (49 CFR 40.65(i)(3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) If the **initial transmission is not in writing**, does the **BAT provide** to the employer the **employer's copy** of the breath alcohol testing form? (49 CFR 40.65(i)(4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) Does the **employer store the information** so as to ensure that confidentiality is maintained, as required? (49 CFR 40.65(i)(4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### 3.7 REFUSALS TO TEST AND UNCOMPLETED TESTS

**3.7.01.** Does the **BAT note** in the **remarks section** of the breath alcohol testing form **any refusal** by an employee to complete and sign the breath alcohol testing form, to provide breath, to provide an adequate amount of breath, or otherwise to cooperate with the testing process in a way that prevents the completion of the test? (49 CFR 40.67)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.7.02.** Is the **testing process** then **terminated** and the **employer** immediately **notified** by the BAT? (49 CFR 40.67)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.7.03.** If a screening or confirmation **test can not be completed**, or if an event occurs that would invalidate the test, does the **BAT**, if practicable, **begin a new** screening or confirmation **test**, as applicable, using a new breath alcohol testing form with a new sequential test number? (49 CFR 40.67(b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### 3.8 INABILITY TO PROVIDE AN ADEQUATE AMOUNT OF BREATH

**3.8.01.** Does the **employer ensure** that the following **procedures** are **followed** in any case in which an employee is unable, or alleges that he or she is unable, to provide an amount of breath sufficient to permit a valid breath test because of a medical condition? (49 CFR 40.69(a)(b)(c))

(a) The **BAT** again **instructs** the employee **to attempt to provide** an **adequate amount** of breath.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a1) Does the **BAT immediately inform** the **employer** if the **employee refuses** to make the attempt?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a2) The **BAT notes** in the "**remarks**" section of the breath alcohol testing form and **immediately informs** the **employer** if an employee attempts and fails to provide an adequate amount of breath.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.8.02.** If an **employee** attempts and **fails to provide** an adequate amount of **breath**, does the **employer direct** the employee to obtain, as soon as practical after the attempted provision of breath, an **evaluation** from a licensed physician who is acceptable to the employer concerning the employee's medical ability to provide an adequate amount of breath? (49 CFR 40.69(d)(2)(i))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does the **physician provide** to the employer a **written statement** of the basis for his or her conclusion if the physician determines that a medical condition has or could have precluded the employee from providing an adequate amount of breath? (49 CFR 40.69(d)(2)(i))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.8.03.** If the **physician is unable to make the determination** that a medical condition has or could have precluded the employee from providing an adequate amount of breath, does the **employer regard this as a refusal** to take a test? (49 CFR 40.69(d)(2)(ii))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does the **physician provide** to the employer a **written statement** of the basis of his or her **conclusion**? (49 CFR 40.69(d)(2)(ii))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### 3.9 INVALID TESTS

**3.9.01.** Is a breath alcohol **test considered invalid** under the following circumstances: (49 CFR 40.79(a)(1) through (7))

(a) The **next external calibration check** of an EBT **produces a result that differs** by more than the tolerance stated in the QAP from the known value of the test standard. (In this event, every test result of 0.02 or above obtained on the device since the last valid external calibration check will be invalid.)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **BAT does not observe the minimum 15-minute waiting period** prior to the confirmation test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **BAT does not perform an air blank of the EBT before a confirmation test,** or an air blank does not result in a reading of 0.00 prior to the administration of the test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) **BAT does not sign the form.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) **BAT fails to note** on the **remarks** section of the form that the **employee** has **failed or refused to sign the form** following the recording or printing on or attachment to the form of the test result.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) An **EBT fails to print a confirmation test result.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(g) On a confirmation test and, where applicable, on a screening test, the **sequential test number** or **alcohol concentration** displayed on the EBT is **not the same** as the sequential test number or alcohol concentration on the printed result.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### 3.10 NON-EVIDENTIAL ALCOHOL SCREENING DEVICE

**3.10.01.** Are only **non-evidential alcohol screening devices** on the **NHTSA CPL** used for **screening tests**? (49 CFR 40.91)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### 3.11 SCREENING TEST TECHNICIAN

**3.11.01.** Is the **screening test technician (STT)** trained to proficiency in the operation of the non-evidential alcohol screening device he/she will use and in the alcohol testing procedures? (49 CFR 40.93)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.11.02.** Is the **STT** able to discern correctly changes, contrasts, or readings with respect to any non-evidential screening device involving changes, contrasts, or other readings that are indicated on the device in terms of color? (49 CFR 40.93)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does the **STT** receive additional training, as needed, to ensure proficiency, concerning new or additional devices or changes in technology that he/she will use? (49 CFR 40.93)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.11.03.** Does a **STT-qualified supervisor** of an employee conduct a alcohol test for that employee only if another **STT** is unavailable to perform the test in a timely manner, except in the case of reasonable suspicion? (49 CFR 40.93 and 40.51(b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does a **supervisor who makes the determination** that reasonable suspicion exists not conduct the breath/saliva alcohol test on that employee?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.11.04.** Is any law enforcement officer who conducts a alcohol test for the employer certified by a state or local government to use the non-evidential screening device that is used for the test? (49 CFR 40.93 and 40.51(b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### 3.12 LOCATIONS FOR BREATH/SALIVA ALCOHOL TESTING

**3.12.01.** Is alcohol **testing conducted** in a **location** that **affords visual and aural privacy** to the individual being tested, sufficient **to prevent unauthorized persons** from **seeing or hearing test results**? (49 CFR 40.93 and 40.57)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.12.02.** Are **all necessary equipment, personnel, and materials** for breath or saliva testing **provided** at the **location** where **testing is conducted**? (49 CFR 40.93 and 40.57)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.12.03.** Does the **employer ensure** that **no unauthorized persons** are **permitted access** to the testing **location when** the non-evidential **testing device remains unsecured** or, in order to **prevent such persons from seeing or hearing** a testing **result, at any time when testing is being conducted**? (49 CFR 40.93 and 40.57)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.12.04.** Does the employer ensure in **unusual circumstances** (when it is essential to conduct a test outdoors at the scene of an accident), **visual and aural privacy is provided** to the **greatest extent practicable**? (49 CFR 40.93 and 40.57)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.12.05.** Does the **STT supervise only one employee's use** of a non-evidential **screening device at a time**? (49 CFR 40.93 and 40.57)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.12.06.** Does the **STT stay** at the alcohol **testing location while** the testing **procedures** for a given employee **are in progress**? (49 CFR 40.93 and 40.57)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### 3.13 BREATH ALCOHOL TESTING FORM

**3.13.01.** Does the **employer utilize** the breath alcohol **testing form** which **provides triplicate** (or three consecutive identical) **copies and is 8-1/2 by 11 inches** in size? (49 CFR 40.93 and 40.59)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.13.02.** Does the **employer ensure** that the breath alcohol **testing form** is **not modified** or **revised**? (49 CFR 40.93 and 40.59)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.13.03.** Does the **employer ensure** that **copy 1** (white) of the breath alcohol **testing form** is **transmitted to** the **employer**; **copy 2** (green) is **given** to the **employee**; and **copy 3** (blue) is **maintained by** the **STT**? (49 CFR 40.93 and 40.59)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.13.04.** Does the **STT date** the **form** and **sign** the **certification** in **Step 3** of the form in **any case in which** the **result** of the screening test is a breath alcohol concentration of **less than 0.02**? (49 CFR 40.93 and 49.63)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.13.05.** Does the **employee sign** the **certification** and **fill in** the **date** in **Step 4** of the **form**? (49 CFR 40.93 and 40.63)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) If the **employee does not sign** the **certification** in **Step 4** of the form **for a test**, does the **STT note** the **employee's failure** to **sign or initial** in the **"Remarks"** section of the form? (49 CFR 40.93 and 40.63)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_



**3.13.06.** Does the **STT** give a **confirmation test** if the **result** of the screening test is an alcohol concentration of **0.02 or greater**? (49 CFR 40.93 and 40.63)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.13.07.** Does the **STT who conducts** the screening **test complete** and **sign** the **form** and **provide** the **employee** with **copy 2** of the form **if** the **confirmation test** will be **conducted by a different technician**? (STTs can perform both types of tests if qualified as a BAT) (49 CFR 40.93 and 40.63)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.13.08.** If the **confirmation test** will be **conducted** at a **different site** from the **screening test**, does the **employer ensure** that: (49 CFR 40.93 and 40.63)

(a) **Employee is advised not to eat, drink, put any object or substance in his/her mouth, or belch during a waiting period before the confirmation test.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **Employee is advised that he/she must not drive, perform safety-sensitive duties, or operate heavy equipment.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **Employee is under observation of a BAT, STT, or other employer personnel while in transit from the screening test site to the confirmation test site.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### **3.14 QUALITY ASSURANCE PLANS FOR NON-EVIDENTIAL SCREENING DEVICES**

**3.14.01.** Does the non-evidential **screening device** used in alcohol testing **have** a **quality assurance plan (QAP)** **developed by the manufacturer** and **approved by NHTSA**? (49 CFR 40.95)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.14.02. Does the QAP: (49 CFR 40.95)**

(a) **Designate the method or methods to be used to perform quality control checks?**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) **Designate the temperatures at which the non-evidential screening device should be stored and used as well as other environmental conditions (e.g., altitude, humidity) that may affect the performance of the device, and where relevant, the shelf life of the device?**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) **Prohibit the use of any device that does not pass the specified quality control checks or that has passed its expiration date?**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c1) The **manufacturer's instructions** on or included in the package for each saliva testing device **will include directions on the proper use** of the device, the **time frame** within which the **device must be read** and the **manner** in which the **reading is made?**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.14.03. Does the employer ensure compliance with the QAP and manufacturer's instructions for each non-evidential screening device it uses for alcohol screening tests? (49 CFR 40.95)**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.15 PREPARATION FOR TESTING AND SCREENING TEST PROCEDURES**

**3.15.01. Does the STT complete the following steps:**  
(49 CFR 40.101, 40.61, and 40.63)

(a) **STT requires the employee who enters the alcohol testing location to provide positive identification** (photo ID card or identification by an employer representative).

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) **STT provides positive identification** to the employee **upon request** of the employee.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **STT explains** the testing **procedure** to the **employee**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) **STT completes Step 1 on** the Breath Alcohol **Testing Form**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) **Employee completes Step 2** on the form, **signing** the **certification**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) If the **employee refuses to sign** the **certification**, **STT considers** this a **refusal to take the test**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.02. If a non-evidential breath testing device is being used, does the STT take the following steps: (49 CFR 40.101 and 40.63)**

(a) An **individually-sealed mouthpiece** is **opened in view** of the **employee** and **STT** and **attached to** the non-evidential breath **testing device** in accordance with the manufacturer's instructions.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **STT instructs** the **employee** to **blow forcefully** into the **mouthpiece** for at least **6 seconds or until** the non-evidential breath **testing device indicates** that an **adequate amount of breath has been obtained**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **STT shows** the **employee** the **result** displayed on the non-evidential screening device.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) **STT records** the displayed **result**, **test number**, **testing device**, **serial number** of the testing device, **time of test** in **Step 3** of the **form**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) **STT dates** the **form** and **signs** the **certification** in **Step 3** of the **form** in **any case** in **which** the **result** of the screening **test** is a breath alcohol **concentration of less than 0.02**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) **Employee signs** the **certification** and **fills in** the **date** in **Step 4** of the **form**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f1) If the **employee does not sign** the **certification** in **Step 4** of the form for a test, **STT notes** the employee's **failure to sign or initial** in the **"Remarks"** section of the **form**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(g) **STT transmits each result of less than 0.02** to **employer** in a confidential manner.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(h) **STT who conducts** the **screening test completes** and **signs** the **form** and **provides** the **employee** with **copy 2** of the **form**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.03. If a saliva testing device is used, does the STT take the following steps: (49 CFR 40.101)**

(a) **STT explains** the testing **procedure** to the **employee**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **STT checks the expiration date of the saliva testing device, shows the date to the employee, and does not use a device at any time subsequent to the expiration date.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **STT opens an individually sealed package containing the device in the presence of the employee.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) **STT offers the employee the opportunity to use the swab.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d1) **If the employee chooses to use the swab, STT instructs the employee to insert the absorbent end of the swab into the employee's mouth, moving it actively throughout the mouth for a sufficient time to ensure that it is completely saturated.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d2) **If the employee chooses not to use the swab, or in all cases in which a new test is necessary because the device did not activate, STT inserts the absorbent end of the swab into the employee's mouth, moving it actively throughout the mouth for a sufficient time to ensure that it is completely saturated.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d3) **STT wears a surgical grade glove.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) **STT places the device on a flat surface or otherwise in a position in which the swab can be firmly placed into the opening provided in the device for this purpose.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) **STT inserts the swab into this opening and maintains firm pressure on the device until the device indicates that it is activated.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(g) **STT reads the result not earlier than 2 minutes and not later than 15 minutes after inserting the swab into the device.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.04. If the procedures of 2.15.3(c) and (d) above are not followed successfully, does the STT discard the device and swab and conduct a new test using a new device? (49 CFR 40.101)**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) **The new device is one that has been under the control of the employer or STT prior to the test.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **STT notes in the remarks section of the form the reason for the new test.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **In the case of a new test, STT offers the employee the choice of using the swab himself/herself or having the STT use the swab.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.05. If the procedures of 2.15.3(c) and (d) above are not followed successfully on the new test:**

(a) **Is the collection terminated and an explanation written in the remarks section of the form? (49 CFR 40.101)**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Is a **new test** then **conducted using** an **EBT** for **both** the **screening** and **confirmation tests**? (49 CFR 40.101)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.06.** If the **procedures of 2.15.3(c) and (d) above are followed successfully**, but the **device is not activated**, does the **STT discard** the **device and swab** and **conduct a new test following the procedures listed in 2.15.3.1 and 2.15.3.2 above**? (49 CFR 40.101)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) In this case, **STT places** the **swab** into the **employee's mouth** to **collect saliva** for the new test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **STT reads** the **result** displayed on the device **two minutes after inserting** the **swab into the device**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **STT shows** the **device** and its **reading** to the **employee** and **enters the result** on the **form**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.07.** Does the **STT enter** in the "**remarks**" section of the **form** a **notation** that the screening **test** was **performed using** a **non-evidential screening device** (breath-testing or saliva device)? (49 CFR 40.101)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.08.** Does the **STT ensure** that **all devices, swabs, gloves, and other materials used** in saliva testing are **not reused** and are **disposed** of in a **sanitary manner** following their use? (49 CFR 40.101)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.09.** Does the **STT** **date** the **form** and **sign** the **certification** in **Step 3** of the **form** following completion of the screening test using a saliva testing device? (49 CFR 40.101)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.10.** Does the **STT** **date** the **form** and **sign** the **certification** in **Step 3** of the **form** in any case in which the result of the screening test is a breath alcohol concentration of less than 0.02? (49 CFR 101)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does the **employee** **sign** the **certification** and **fill** in the **date** in **Step 4** of the **form**?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) If the **employee** **does not sign** the **certification** in **Step 4** of the **form** for a test, does the **STT** **note** the **employee's failure** to **sign** or **initial** in the "**Remarks**" section of the **form**?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) Does the **STT** **transmit** result of **less than 0.02** to **employer** in a confidential manner?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) Does the **STT** **who conducts** the screening **test** **complete** and **sign** the **form** and **provide** the **employee** with **copy 2** of the **form**?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**3.15.11.** Is a **confirmation** test given if the **result** of the screening **test** is an alcohol concentration of **0.02** or greater? (49 CFR 40.101 and 40.63)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_



**3.15.12. If the confirmation test will be conducted at a different site from the screening test, does the employer ensure that:** (49 CFR 40.101 and 40.63)

(a) Employee is **advised not to eat, drink, put any object or substance in his/her mouth, or belch during a waiting period** before the confirmation test.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) Employee is **advised** that he/she **must not drive, perform safety-sensitive duties, or operate heavy equipment.**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) Employee is **under observation** of a **STT** or **other employer personnel** while **in transit** from the **screening test site** to the **confirmation test site.**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

### **3.16 REFUSALS TO TEST AND UNCOMPLETED TESTS**

**3.16.01. Does the STT note in the remarks section of the alcohol testing form any refusal by an employee to complete and sign the alcohol testing form, to provide a breath or saliva sample, to provide an adequate amount of breath, or otherwise to cooperate in a way that prevents the completion of the testing process?** (49 CFR 40.103)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.16.02. If there is a refusal to test, does the STT terminate the testing process and notify the employer immediately?** (49 CFR 40.103)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.16.03. Does the STT immediately begin a new screening test if the screening test cannot be completed, for reasons other than a refusal by the employee, or if an event occurs that would invalidate the test?** (49 CFR 40.103)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(a) Does the **STT** use a **new testing form**?

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

(b) In the **case** of a **test using a saliva screening device**, does the **STT** use a **new device**?

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

### **3.17 INABILITY TO PROVIDE AN ADEQUATE AMOUNT OF BREATH OR SALIVA**

**3.17.01.** If an **employee** is **unable** to **provide sufficient breath** to **complete** a **test** on a non-evidential breath testing device, does the **STT** **ensure** that the following **procedures** **are followed**: (49 CFR 40.105 and 40.69)

(a) **STT** **again instructs** the **employee** to attempt to **provide** an **adequate amount** of **breath**.

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

(a1) **STT** **immediately informs** the **employer** if the **employee** **refuses** to **make** the **attempt**.

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

(a2) **STT** **notes** in the "**remarks**" section of the breath alcohol **testing form** and **immediately informs** the **employer** if an **employee** **attempts** and **fails** to **provide** an **adequate amount** of **breath**.

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

(b) If an **employee** **attempts** and fails to **provide** an **adequate amount** of **breath**, does the **employer** **direct** the **employee** to **obtain**, as soon as practicable after the attempted provision of breath, an **evaluation** from a licensed physician who is acceptable to the employer concerning the employee's medical ability to provide an adequate amount of breath?

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

(c) Does the **physician provide** to the **employer** a **written statement** of the basis for his/her conclusion **if the physician determines** that a **medical condition has or could have precluded** the **employee from providing an adequate amount of breath**?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(d) If the **physician is unable to make the determination** that a medical condition has or could have precluded the employee from providing an adequate amount of breath, does the **employer regard this** as a **refusal** to take a test?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(e) Does the **physician provide** to the **employer** a **written statement** of the basis of **his/her conclusion**?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.17.02.** Does the **STT conduct a new test** using a new device **if an employee is unable to provide sufficient saliva to complete a test** on a **saliva screening device**? (49 CFR 40.105)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(a) Does the **STT terminate testing** and **immediately inform** the **employer** if the **employee refuses to complete the new test**?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) **If the new test is completed, but there is an insufficient amount of saliva to activate the device**, does the **STT immediately inform** the **employer**?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) **Is an alcohol test immediately administered** to the **employee using an EBT**?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

### 3.18 INVALID TESTS

**3.18.01. Is an alcohol test using a non-evidential screening device considered invalid under the following circumstances: (49 CFR 40.107)**

(a) Result is read before two minutes or after 15 minutes from the time the swab is inserted into the device.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) Device does not activate.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) Device is used for a test after the expiration date printed on its package.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(d) STT fails to note in the remarks section of the form that the screening test was conducted using a saliva device.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**3.18.02. Is a test using any non-evidential alcohol testing device considered invalid if the STT has failed to note on the remarks section of the form that the employee has failed or refused to sign the form following the recording on the form of the test result?**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

### 3.19 MAINTENANCE AND DISCLOSURE OF RECORDS CONCERNING NON-EVIDENTIAL TESTING DEVICES AND STTs

**3.19.01. Does the employer retain, for a minimum of 2 years, the following documentation: (49 CFR 40.111 and 40.83)**

(a) Documentation of the employer's compliance with the Quality Assurance Plan for each non-evidential testing device it uses for alcohol testing, including maintenance and calibration records, if necessary.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) **Documentation of STT training and proficiency testing.**

**YES**\_\_\_\_\_ **NO**\_\_\_\_\_ **N/A**\_\_\_\_\_

**CHECKLIST OF ANTIDRUG PROGRAM INSPECTION ELEMENTS  
FOR MEDICAL REVIEW OFFICER ACTIVITIES  
(JULY 1996)**

**4.1 QUALIFICATIONS**

**4.1.01.** Does the employer retain services of an MRO who is a licensed physician with knowledge of substance abuse disorders? (49 CFR part 40.33(b)(1))(14 CFR part 121, appendix I, VII., A.)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.1.02.** Is the MRO currently an employee of a transportation employer or a private physician retained for this purpose? (49 CFR part 40.33(b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.1.03.** If the MRO is an employee of the laboratory conducting the drug test, has the laboratory established a clear separation of functions to prevent any appearance of a conflict of interest, including assuring that the MRO has no responsibility for, and is not supervised by or the supervisor of, any persons who have responsibility for the drug testing or quality control operations of the laboratory? (49 CFR part 40.33(b)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2 RESPONSIBILITIES**

**4.2.01.** Does the MRO review and interpret confirmed positive test results obtained through the employer's testing program before the results are reported to the employer and summarized for the FAA? (14 CFR part 121, appendix I, VII., B.,(1)), (49 CFR part 40.29(g)(3)), and (49 CFR part 40.33(a)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.02.** Does the report to the employer:

(a) Include whether the test was positive or negative and include the drugs for which the test was positive (identification of drugs is optional)?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Not include quantitation of test results except in the case of a proceeding initiated by or on behalf of the donor and arising out of a positive test (e.g. grievance or lawsuit)? (14 CFR part 121, appendix I, VII., B.,(1)), (49 CFR part 40.29(g)(3)), and (49 CFR part 40.33(a)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.03.** In the case of negative test results, are the MRO's responsibilities purely administrative? (14 CFR part 121, appendix I, VII., B.,(1)), (49 CFR part 40.29(g)(3)), and (49 CFR part 40.33(a)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.04.** Does the MRO only consider the results of urine samples that are obtained or processed in accordance with 49 CFR part 40? (49 CFR part 40.33(b)(3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.05.** Does the MRO notify an employee of a confirmed positive test result within a reasonable time? (14 CFR part 121, appendix I, VII., B.,(2)) and (49 CFR part 40.33(c))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.06.** Does the MRO review and interpret each confirmed positive test result in order to determine whether there is an alternative medical explanation for the confirmed positive test result? (49 CFR part 40.33(a)and(b))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.07.** Does the MRO perform the following functions as part of the review of a confirmed positive test result?

(a) Provides an opportunity for the employee to discuss a positive test result with the MRO.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) Reviews the employee's medical history and any relevant biomedical factors.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) Reviews all medical records made available by the employee to determine whether a confirmed positive test is due to legally prescribed medication.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(d) Verifies that the laboratory report and assessment are correct. (40 CFR part 4033(b) and (c)) and (14 CFR part 121, appendix I, VII., B.,(3)(a) through (d))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(e) **Inquires** whether the employee holds an **airman medical certificate under part 67** or would be **required to hold** a certificate in order to perform the duties of the position for which the applicant is applying. (14 CFR part 121, appendix I, VII, A(1))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**4.2.08.** Does the MRO contact the tested individual directly, on a confidential basis, in positive test result cases, to determine whether the employee wishes to discuss the test result? (A staff person under the MRO's supervision may make the initial contact with an employee whose specimen has been confirmed positive, and a medically licensed or certified staff person may gather information from the employee.) (49 CFR part 40.33(c)(1)and(2))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**4.2.09.** After the MRO makes all reasonable efforts to contact the individual and is unable to do so, does he/she contact a designated management official who directs the individual to contact the MRO as soon as possible? (49 CFR part 40.33(c)(3))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_



**4.2.10.** Does the MRO talk directly with the employee before verifying a test as positive, except for the following circumstances?

(a) The employee expressly declines the opportunity to discuss the test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) The designated employer representative has successfully made and documented a contact with the employee directing him/her to contact the MRO and more than 5 days have passed since the date the employee was successfully contacted by the designated employer representative.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) Other circumstances provided for by FAA drug testing regulations. (49 CFR part 40.33(c)(5)(i)through(iii))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.11.** If a test is verified positive under the circumstances specified in 3.2.10(c), is the employee allowed to present the MRO information documenting that serious illness, injury, inability to contact MRO, lack of actual notice of the verified positive test result, or other circumstances unavoidably prevented the employee from contacting the MRO within 72 hours. (In this case, the MRO may reopen the verification, allowing the employee to present information concerning a legitimate explanation for the confirmed positive test result.) (49 CFR part 40.33(c)(6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.12.** If the MRO concludes that there is a legitimate explanation, does the MRO direct that **analysis of the split specimen** be performed? (49 CFR part 40.33(g))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.13.** Does the MRO take the following **actions after verifying a positive drug test** result in the case of an employee or applicant who holds an airman medical certificate (**part 67**) or who is or would be required to hold such certificate in order to perform a safety-sensitive function for an employer?

(a) In addition to the required evaluation, make a determination of probable drug dependence or nondependence within **10 working days of verifying the test result**. If unable to make such a determination, should so state in individual's records.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) If a **determination of probable drug dependence** or MRO can not make a dependency determination, MRO does not recommend that the individual be returned to duty unless and until such individual has been found nondependent by or has received a **special issuance medical certificate from the Federal Air Surgeon**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) After **evaluating and making the determination of probable drug dependence**, the MRO forwards the names of the individuals with identifying **information, the determinations concerning dependence, return to duty recommendations**, and any supporting information to the Federal Air Surgeon within **12 working days** after verifying the positive drug test result of the individual.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) All required reports are **forwarded** to the **Federal Air Surgeon**, FAA, Attn: Drug Abatement Division, (AAM-800), 400 7th Street, SW., Washington, DC 20590.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.14.** Does the MRO **advise** each **employee who receives a verified positive drug test** result on or **refuses to submit** to a drug test required of the **resources available to the employee** in evaluating and resolving problems associated with illegal use of drugs, including the name, address, and telephone numbers of SAPs and counseling and treatment programs? (14 CFR part 121, appendix I, VII, A(3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.15.** Does the MRO authorize **analysis of a split specimen**, if requested to do so by the employee within 72 hours of the employee's having received actual notice of the verified positive drug test result? (49 CFR part 40.25(f)(10))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.16.** Does the MRO, **prior to recommending** that an employee be "**hired**" to perform safety-sensitive functions after the individual has **received a verified positive drug test** result on a **pre-employment test** or has **refused to submit to a pre-employment test**:

(a) Ensure that an individual has **received a verified negative drug test result** on a subsequent pre-employment test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Evaluate the individual, if qualified to be a SAP, or have the **individual evaluated by a SAP** for drug use or abuse.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **Ensure that the individual has complied with the requirements of any rehabilitation program** in which the individual participated following the verified positive pre-employment test result or the refusal to submit to a pre-employment test. (14 CFR part 121, appendix I, VII, A(6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.17.** In cases where a split specimen test is requested due to a positive first sample test and the result of the split specimen test is negative, **or the split specimen is untestable, insufficient quantity, or missing** does the MRO **cancel the test and report cancellation and the reasons** for it to the **DOT**, the employer, and the employee? (49 CFR part 40.33(f))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.18.** Before the MRO verifies a confirmed positive result for opiates, does he/she determine that there is clinical evidence, in addition to the urine test, of unauthorized use of any opium, opiate or opium derivative (unless GC/MS confirmation testing for opiates confirms the presence of 6-monoacetylmorphine)? (49 CFR part 40. 33(d))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.19.** Does the MRO, **prior to recommending** that an employee be "**returned**" to the performance of a safety-sensitive function after the employee has **received a verified positive drug test** result on or **refused to submit** to a drug test:

(a) Ensure that the employee returning to the performance of a safety-sensitive function has **received a return to duty verified negative drug test result**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **Ensure** that each **employee has been evaluated** to determine if the employee is in need of assistance in resolving problems associated with illegal use of drugs.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **Ensure** that the **employee demonstrates compliance** with any rehabilitation program recommended following the evaluation required. (14 CFR part 121, appendix I, VII, A(5))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.2.20.** In the case where an employee **can not provide an adequate specimen** (at least 45 milliliters), does the MRO refer the individual for a medical evaluation to develop pertinent information concerning whether the individual's ability to provide a specimen is genuine or constitutes a refusal to test and, upon completion of the examination, does the MRO report his/her conclusions to the employer in writing? (In pre-employment testing, if the employer does not wish to hire the individual, the MRO is not required to make such a referral.) (49 CFR part 40.25 (I)(B)(iv))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### **4.3 LABORATORY REPORTS**

**4.3.01.** Before any test results are sent to the MRO, are the results reviewed and the test certified as an accurate report by the responsible individual? Does each report identify the drugs/metabolites tested for, whether positive or negative, the specimen number assigned by the employer collection site and the drug testing laboratory specimen identification number? (49 CFR 40.29 (g)(1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.3.02.** Does the laboratory report test results to the employer's MRO within an average of 5 working days after receipt of the specimen by the laboratory? (49 CFR part 40.29 (g)(1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.3.03.** Are only specimens that test positive on both the initial test and the confirmatory test reported by the laboratory as positive for a specific drug? Does the laboratory report all other tests as negative? (49 CFR part 40.29 (g)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.3.04.** Upon request by the employer's MRO, do the laboratories provide the MRO with quantitation of individual test results? (49 CFR part 40.29 (g)(3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.3.05.** Do the laboratories provide test results to the MRO to ensure confidentiality of the information, using such means as teleprinters, facsimile or computers, if they are secure, and avoiding use of the telephone? (49 CFR part 40.29 (g)(4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.3.06.** Do the laboratories send the MRO only an **original or certified copy of the drug testing custody and control form**? For **positive tests**, is the **report signed** (after the required certification block) by the individual responsible for day-to-day management of the drug testing laboratory or the individual responsible for attesting to the validity of the test report? Is a **copy of the report attached to the control form**? (49 CFR part 40.29(g)(5))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

#### **4.4 DETERMINATIONS**

**4.4.01.** If the MRO determines that there is a legitimate medical explanation for a confirmed positive test result that is consistent with legal drug use, does the MRO conclude that the test result is negative and report the test as a negative test result? (49 CFR part 40.33(f)) and (14 CFR part 121, appendix I, VII., C.,(1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.4.02.** Does the MRO refrain from disclosing to any third party medical information provided by the individual to the MRO as a part of the testing verification process?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**Except** for the following instances:

(a) To the employer, the FAA or other Federal safety agency, or a physician responsible for determining the medical qualification of the employee under FAA regulations;

(b) An applicable DOT regulation permits or requires such disclosure;

(c) In the MRO's reasonable medical judgment, the information could result in the employee being determined to be medically unqualified under an applicable DOT agency rule;

(d) In the MRO's reasonable medical judgement, in a situation in which there is no DOT agency rule establishing physical qualification standards applicable to the employee, the information indicates that continued performance by the employee of his/her safety-sensitive function could pose a significant safety risk.) (49 CFR part 40.33(h)(1))

**4.4.03.** Before obtaining medical information from the employee, the MRO **informs the employee that information may be disclosed to third parties as provided** in 3.4.2, and the names of those parties. (49 CFR part 40.33(h)(1)(2))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

## **4.5 MRO RECORDS**

**4.5.01.** Does the MRO maintain **records in confidence** and only **release records in accordance with the provisions of the antidrug rule**? (14 CFR part 121, appendix I, VII, C(1))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**4.5.02.** Does the MRO **maintain for 5 years records concerning drug tests confirmed positive by the laboratory**? (MRO copies of the custody and control form, medical interviews, documentation of the basis for verifying as negative test results confirmed as

positive by the laboratory, any other documentation concerning the MRO's verification process, and copies of dependency determinations where applicable.) (14 CFR part 121, appendix I, VII, C(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**4.5.03.** Does the MRO **maintain for 12 months records of confirmed negative test results?** (14 CFR part 121, appendix I, VII, C(3))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**ANTIDRUG EMPLOYEE ASSISTANCE PROGRAM  
AND ALCOHOL MISUSE INFORMATION, TRAINING AND REFERRAL  
(JULY 1996)**

**5.1 ALCOHOL INFORMATIONAL MATERIALS FOR EMPLOYEES**

**5.1.01.** Did the employer **distribute a copy of informational materials** that explain the alcohol misuse requirements and the employer's policies and procedures with respect to meeting those requirements to each covered employee **prior to the start of alcohol testing** under the employer's FAA-mandated alcohol misuse prevention program? (14 CFR part 121, appendix J, VI., A)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**5.1.02.** Has the employer **distributed a copy of informational materials** that explain the alcohol misuse requirements and the employer's policies and procedures with respect to meeting those requirements to **each person subsequently hired for or transferred to a covered position**? (14 CFR part 121, appendix J, VI., A)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**5.1.03.** Did the employer provide **written notice** to representatives of employee organizations of the availability of this information? (14 CFR part 121, appendix J, VI., A)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**5.1.04.** Do the **informational materials** include: (14 CFR part 121, appendix J, VI., A)

(a) Name of a **contact person** to answer questions about the materials.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) **Categories** of employees who are subject to alcohol misuse requirements.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) Sufficient information about the safety-sensitive functions performed by those employees to make clear what **period of the work day** the covered employee is required to be in compliance with the alcohol misuse requirements.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_



(d) **Prohibited employee conduct.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) **Types of testing**, e.g., random, reasonable suspicion, etc.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) **Procedures** to be used to: test for the presence of alcohol, protect the employee, and protect the integrity of the testing process, safeguard validity of test results, and ensure tests are attributed to correct employee.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(g) The **requirement to submit** to alcohol tests.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(h) An explanation of what constitutes a **refusal to submit** to an alcohol test and attendant consequences.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(i) **Consequences for violations** of the prohibitions, to include the requirement that the employee be immediately removed from performing covered functions.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(j) Consequences for employees with an **alcohol concentration of 0.02 or greater but less than 0.04**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(k) **Information** on the **effects of alcohol misuse** on an individual's health, work, and personal life, signs and symptoms of an alcohol problem.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(l) Available **methods of evaluating** and resolving problems associated with alcohol misuse.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(m) Intervention methods, to include confrontation and **referral to employee assistance programs** and/or management.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## 5.2 DRUG INFORMATIONAL MATERIALS FOR EMPLOYEES

**5.2.01.** Are the following **materials displayed** and **distributed** to all covered employees?  
(14 CFR part 121, appendix I, VIII., A)

(a) Informational materials concerning drug abuse.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) A community service **hot-line telephone number** for employee assistance.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) The employer's **policy** regarding drug use in the workplace?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

### 5.3 COMPANY ANTIDRUG AND ALCOHOL MISUSE PREVENTION POLICY

**5.3.01.** Does the employer's **antidrug policy** include: (14 CFR part 121, appendix I, VIII., A, and appendix J, VI., A, (e-j))

(a) The consequences under the rule of **using drugs while performing** safety-sensitive functions. (*Permanent bar*)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) The consequences under the rule of **receiving two verified positive** drug test results. (*Permanent bar*)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) The consequences under the rule of **receiving one verified positive** drug test results. (*Removal from s-s functions*)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(d) The consequences under the rule of **refusing to submit** to a **drug** test required under Appendix I. (*Removal from s-s functions*)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**5.3.02.** Does the employer's **alcohol misuse prevention policy** include: (14 CFR part 121, appendix J, VI., A, (e-j))

(a) The consequences for covered employees found to have **twice violated** any combination of the following prohibitions: performing a safety-sensitive function with an **alcohol concentration of 0.04 or greater**, **pre-duty use**, and use **following an accident**. (*Permanent bar*)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) The consequences for covered employees found to have violated the **on-duty use** prohibition. (*Permanent bar*)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) The consequences under the rule of **refusing to submit** to an alcohol test required under Appendix J. (*Removal from s-s functions and notification of the FAA if employee holds a part 61, 63, or 65 certificate.*)

## 5.4 EMPLOYEE TRAINING ON DRUGS

**5.4.01.** Does **training for all employees** in covered positions include the following items: (14 CFR part 121, appendix I, VIII., A.)

(a) **Effects and consequences of drug use** on personal health, safety and work environment.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **Manifestations and behavioral cues** that may indicate drug use and abuse.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.4.02.** Does **documentation of training** include: the names of persons who received the training, the dates they received the training, and what comprised the training? (14 CFR part 121, appendix I, VIII., B.)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## 5.5 SUPERVISOR TRAINING AND THE INDICATORS OF DRUG USE

**5.5.01.** Does training for the **employer's supervisory personnel** who will determine when an employee is subject to testing based on reasonable cause, receive training on: (14 CFR part 121, appendix I, VIII., B)

a) The **effects and consequences of drug use** on personal health, safety and work environment,

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

b) The **manifestations and behavioral cues** that may indicate drug use and abuse.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

c) The **specific, contemporaneous physical, behavioral, and performance indicators of probable drug use?**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.5.02.** Does the employer ensure that supervisors who will make reasonable cause determinations receive at least **60 minutes** of the above training? (14 CFR part 121, appendix I, VIII., B)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.5.03.** Does **training documentation** include: the names of participants, the dates of the training, and the content of the training? (14 CFR part 121, appendix I, VIII., B)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.5.04.** Do all supervisors who are in a position to require testing of employees for reasonable cause participate in a **reasonable recurrent training** program on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use? (14 CFR part 121, appendix I, VIII., B.)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **5.6 SUPERVISOR TRAINING ON THE INDICATORS OF ALCOHOL MISUSE**

**5.6.01.** Does the employer ensure that **supervisors designated** to determine whether reasonable suspicion exists to require a covered employee to undergo alcohol testing **receive training** on the **physical, behavioral, speech, and performance indicators of probable alcohol misuse**? (14 CFR part 121, appendix J, VI., B)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Does the training take **at least 60 minutes**?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **5.7 THE REFERRAL, EVALUATION, AND TREATMENT OF EMPLOYEES WHO MISUSE ALCOHOL**

**5.7.01.** Does the employer **advise** each covered employee who has engaged in prohibited conduct of the **resources** available to the employee in evaluating and resolving problems associated with misuse of alcohol? (14 CFR part 121, appendix J, VI., C)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.7.02.** Does the information on the available resources that the employer gives to the employee include the **names, addresses, and telephone numbers** of substance abuse professionals (SAP) and counseling and treatment programs? (14 CFR part 121, appendix J, VI., C)

[Note: Prohibited conduct is: refusing to submit to an alcohol test, having an alcohol concentration of 0.04 or greater, using alcohol while on duty performing a covered function within 4 or 8 hours after using alcohol and using alcohol following an accident]

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.7.03.** Was each covered employee who engaged in prohibited conduct **evaluated by a SAP to determine what assistance**, if any, the employee needs in resolving problems associated with alcohol misuse? (14 CFR part 121, appendix J, VI., C)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.7.04.** Does the employer ensure that its **SAP is a licensed physician**, licensed or certified psychologist, social worker, employee assistance professional, or an addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) and that the SAP has knowledge of and clinical experience in the diagnosis and treatment of alcohol-related disorders? (14 CFR part 121, appendix J, I., C)

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.7.05. Before an employee returns to duty** performing safety-sensitive functions, does the employer ensure that each covered employee, identified as needing assistance in resolving problems associated with alcohol misuse, **is again evaluated** by a SAP to determine whether the employee has properly **followed any rehabilitation program** as prescribed during the initial SAP evaluation? (14 CFR part 121, appendix J, VI., C(3) (b) (I))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.7.06.** Does the employer **subject** each covered employee identified as needing assistance in resolving problems associated with alcohol misuse **to unannounced follow-up** alcohol testing following the employee's return to duty? (14 CFR part 121, appendix J, VI., C(3) (b) (ii))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**5.7.07.** Does the employer ensure that the number and **frequency** of such follow-up testing are **determined by a SAP**? (14 CFR part 121, appendix J, VI., C(3) (b) (ii))

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**5.7.08.** Does the employer ensure that follow-up testing will **consist of at least 6 tests** in the first 12 months following the employee's return to duty, not to exceed 60 months from the date of the employee's return to duty? (14 CFR part 121, appendix J, VI., C(3) (b) (ii))

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**5.7.09.** Does the employer ensure that the choice of a SAP and **assignment of costs** will be made in accordance with employer/employee agreements and employer policies? (14 CFR part 121, appendix J, VI., C(4))

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**5.7.10.** Does the employer ensure that the SAP who makes the determination **does not refer** the employee to the SAP's own practice or to a person or organization from which the SAP receives remuneration, or has a financial interest, except as authorized by Appendix J? (14 CFR part 121, appendix J, VI., C)

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

**CHECKLIST OF ANTIDRUG AND ALCOHOL MISUSE PREVENTION  
PROGRAM INSPECTION ELEMENTS  
FOR RECORDKEEPING AND REPORTING  
(JULY 1996)**

**6.1 DRUG RECORD RETENTION REQUIREMENTS**

**6.1.01.** Does the employer maintain all records related to the **collection process**, including all logbooks and certification statements, for **2 years**? (14 CFR part 121, appendix I, VI., A.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.1.02.** Does the employer maintain collection process and test records of **positive drug tests for 5 years**? (14 CFR part 121, appendix I, VI., A.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.1.03.** Does the employer maintain records of **negative drug tests for 12 months**? (14 CFR part 121, appendix I, VI., A.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.1.04.** Does the employer maintain records of employee **rehabilitation for 5 years**? (14 CFR part 121, appendix I, VI., A.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.2 ALCOHOL RECORD RETENTION REQUIREMENTS**

**6.2.01.** Does the employer **retain**, for a minimum of **2 years**, the following **documentation**: (14 CFR part 121, appendix J, IV, A)

(a) **Records** related to the **collection process** (except calibration of evidential breath testing devices)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) **Collection logbooks**, if used.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) **Documents** relating to the **random selection** process.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) **Documentation** of BAT **training** and **proficiency** testing.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) **Documents** generated in connection with decisions to administer **reasonable suspicion** alcohol tests.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) **Documents** generated in connection with decisions on **post-accident tests**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(g) **Documents** verifying **existence** of a **medical explanation** of the inability of a covered employee to provide adequate breath for testing.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(h) **Documentation of training** provided to **supervisors** to make a determination concerning the need for alcohol testing based on reasonable suspicion.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(i) **Documentation** which **certifies** that any **training** conducted under Part 121, Appendix J complies with the requirements for such training.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(j) **Records** of the **inspection** and **maintenance** of each EBT used in employee testing. (49 CFR 40.83(a)(1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(k) **Documentation** of the employer's **compliance with** the Quality Assurance **Plan** for each EBT it uses for alcohol testing. (49 CFR 40.83(a)(2))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_



**6.2.02.** Does the employer **retain**, for a minimum of **5 years**, the following **documentation**: (14 CFR part 121, appendix J, IV, A(1)(a))

(a) **Alcohol test records** with results indicating an alcohol concentration of 0.02 or greater.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Documentation of **refusals** to take required alcohol tests.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) Documentation on **calibration** of evidential breath testing devices.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(d) Employee **evaluations** and **referrals** (to include determination by SAP concerning employee's need for assistance and employee compliance with recommendations of SAP).

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(e) Copies of **annual reports** submitted to the FAA.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(f) Employer's copy of **alcohol test form**, including **results of test**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(g) Employee documentation disputing result of alcohol test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(h) Records related to other **violations** of **Sections 65.46(a), 121.458, or 135.253**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(i) Records of **notification to the Federal Air Surgeon** of **violations** by covered employees who hold **part 67 airman medical certificates**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**6.2.03.** Does the employer **retain**, for a minimum of **1 year**, the following documentation: (14 CFR part 121, appendix J, IV, A)

(a) Records of all **test results below 0.02**.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **Employer's copy of alcohol test form, including results of test.**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) Employee **documentation disputing result** of alcohol test.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**6.2.04.** Does the employer **maintain** the following **records related to test results and education**: (14 CFR part 121, appendix J, IV, A)

(a) **Materials on alcohol misuse awareness**, including a copy of the employer's policy on alcohol misuse.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) **Documentation of compliance** that **employer provided educational materials** that explain alcohol misuse requirements and the employer's policies and procedures with respect to meeting those requirements.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### **6.3 SECURITY OF RECORDS**

**6.3.01.** Does the employer **maintain records** of its antidrug and alcohol misuse prevention program **in a secure location with controlled access**? (14 CFR part 121, appendix I, VII, C.(1) and appendix J, IV, A.,(1))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

### **6.4 RELEASE OF RECORDS**

**6.4.01.** Are employees who are the subject of a drug test covered under FAA regulations given access, upon **written request**, to any **records** relating to their drug test and any records relating to the results of any relevant certification, review or revocation-of-certification proceedings? (49 CFR part 40.37)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.4.02.** Are covered **employees**, upon written request, promptly **given copies** of any **records** pertaining to the employee's use of alcohol, including any records pertaining to his/her alcohol tests? (14 CFR part 121, appendix J, IV, C(2))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.4.03.** Does the **employer make available**, upon receipt of written request from the covered employee, drug and alcohol testing **records to a subsequent employer**? (14 CFR part 121, appendix I, and J, IV, C(5))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.4.04.** If the **employer** has **received** drug and alcohol testing **records** from an employee's/applicant's **prior employer**, does the **employer further disclose** those **records** only **as** expressly **authorized by** the terms of the employee's **original request** for records? (14 CFR part 121, appendix I, and appendix J, IV, C(5))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.4.05.** Does the **employer release information**, regarding a covered employee's drug and alcohol testing records, **to any third party** as directed by the specific written consent of the employee authorizing release of the information? (14 CFR part 121, appendix J, IV, C(7))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.4.06.** Does the **employer make available** copies of all **results of DOT drug and alcohol testing** conducted **and any other information pertaining to** the employer's antidrug and alcohol misuse prevention **program**, when requested by the Secretary of Transportation or any DOT agency with regulatory authority over the employer or covered employee? (14 CFR part 121, appendix I, VI. D and appendix J, IV, C(3))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.4.07.** Is information regarding an employee's drug test results or alcohol post-accident test result released to the **National Transportation Safety Board** as part of an accident investigation? (14 CFR part 121, appendix I, VI., D. and appendix J, IV., C(4))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**6.4.08.** Does the **employer permit access to all facilities** utilized in complying with the requirements of the alcohol rule to the Secretary of Transportation or **any DOT agency** with regulatory authority over the employer or any of its covered employees? (14 CFR part 121, appendix J, IV, C(8))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **6.5 QUARTERLY STATISTICAL SUMMARIES**

**6.5.01.** Does the laboratory provide the **employer or consortium** with a **quarterly** statistical summary of urinalysis testing within **14 calendar days after the end** of the **quarter** covered by the summary? (49 CFR part 40.29(g)(6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) In the case of a **consortium**, does the laboratory provide the **report** with **employer-specific data**? (49 CFR part 40.29(g)(6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**6.5.02.** Does the **quarterly** statistical summary report exclude any personal identifying information? (49 CFR part 40.29(g)(6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(a) Are laboratory **confirmation data** only included from **test results** reported within that quarter?

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**6.5.03.** Does the **quarterly** statistical summary contain the following information?

(a) **Number of specimens** received for testing.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(b) Number of specimens **confirmed** positive for--

- (1) Marijuana metabolite.
- (2) Cocaine metabolite.
- (3) Opiates.
- (4) Phencyclidine.
- (5) Amphetamines.

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

(c) **Number of specimens for which a test was not performed. (49 CFR part 40.29(g)(6))**

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**6.5.04.** Do the **quarterly** statistical reports provided by the laboratory **exclude data** from which it is reasonably likely that information about an **individual's identity** can be readily inferred? If necessary, in order to prevent the disclosure of such data, does the laboratory retain a report until data are sufficiently aggregated to make such an inference unlikely? Does the **laboratory** inform the employer or **consortium in writing** any time a **report** is **withheld** for this reason? (49 CFR part 40.29(g)(6))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## **6.6 LABORATORY RESPONSIBILITIES**

**6.6.01.** Does the laboratory **maintain** and make available documentation of all aspects of the testing process for at least **2 years**? (49 CFR part 40.29(m))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**6.6.02.** Does the laboratory extend this 2-year period, **upon written notification** from the FAA or by any employer for which the laboratory provides urine drug testing services? (49 CFR part 40.29(m))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

**6.6.03.** Does the laboratory maintain documents for any specimen known to be under **legal challenge** for an **indefinite period until notified otherwise**? For a list of documentation a laboratory must maintain see 40.29(m) 49 CFR part 40.29(m))

YES\_\_\_\_\_ NO\_\_\_\_\_ N/A\_\_\_\_\_

## 6.7 ANTIDRUG REPORTING REQUIREMENTS

**6.7.01.** If required, does the employer sign and submit to the FAA an MIS report for the period January 1 - December 31, **not later than March 15** of the succeeding calendar year for the prior calendar year summarizing the results of the drug testing program for the period? (14 CFR part 121, appendix I, X., A.)

**[Required of part 121 certificate holders, other aviation entities with 50 or more covered employees, and others upon request of the FAA.]**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.7.02.** Did the employer complete and submit the standard **FAA MIS Data Collection Forms**? Does it contain complete and accurate information? **(14 CFR part 121, appendix I, X., A.)**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.7.03.** Does the employer sign and submit **annual reports** prepared by a **consortium** and **remain responsible** for ensuring the **accuracy** and **timeliness** of each report prepared on its behalf by a consortium. (An FAA-approved consortium may prepare reports on behalf of individual aviation employers for purposes of compliance with this reporting requirement. (14 CFR part 121, appendix I, X., F.)

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

## 6.8 ALCOHOL MISUSE PREVENTION PROGRAM ANNUAL REPORTING REQUIREMENTS

**6.8.01.** If required, does the employer sign and **submit** to the FAA an **annual report**, for the period January 1 - December 31, not later than **March 15** of each year covering the previous calendar year? (14 CFR part 121, appendix J, IV, B(1))

**[Required of part 121 certificate holders, other aviation entities with 50 or more covered employees, and others upon request of the FAA].**

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.8.02.** Is each required MIS report submitted only on the **form authorized by the FAA**? (14 CFR part 121, appendix J, IV, B(4))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.8.03.** Does each **MIS report**, that contains information on an alcohol screening test result of 0.02 or greater or a violation of the alcohol misuse prohibitions, **include complete and accurate** information? (14 CFR part 121, appendix J, IV, B(2)(6))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.8.04.** Does **each report**, with no screening test results of 0.02 or greater or other violations of the alcohol misuse prohibitions, **include complete and accurate** information? (14 CFR part 121, appendix J, IV, B(7))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.8.05.** Does the **employer sign and submit reports prepared by** FAA-approved **consortiums?** (14 CFR part 121, appendix J, IV, B(8))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.8.06.** If the employer is required to submit MIS reports, does the **employer submit any records** of a **post-accident** and **reasonable suspicion** test that was **not completed within 8 hours with the MIS report?** (14 CFR part 121, appendix J, III, B(1) and D(4))

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**6.8.07.** Does the **employer include** the following information **in each record** of **post-accident** and **reasonable suspicion** tests **not completed within 8 hours:** (14 CFR part 121, appendix J, III, B(2)(b)) and D(4)(b))

(a) **Type of test** (reasonable suspicion/post-accident).

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(b) **Triggering event** (including date, time, and location).

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(c) **Employee category** (without employee name or other identifying information).

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

(d) **Reason(s)** test could not be completed within 8 hours.

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_

(e) If **blood alcohol** testing could have been completed within 8 hours, the name, address, and telephone number of the testing site where blood testing could have occurred.

YES\_\_\_\_\_

NO\_\_\_\_\_

N/A\_\_\_\_\_